

JAN 10 1938.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43194
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township *St. Louis* Primary Registration District No. **1003**
(c) City (d) Street No. *City Hospital # 1* Registered No. **11444** St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. *836 Bittner* St. **8** (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*
4. COLOR OR RACE *Wk*
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Ruthleen Cullinane*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *About 1906*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *About 31*
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Labourer*
9. Industry or business in which work was done, as saw mill, bank, etc. *Palmyra Cem.*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*
13. NAME *James Cullinane*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*
15. MAIDEN NAME *Bridget Langan*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*
17. INFORMANT (ADDRESS) *Katie Reilly 9489 Goodfellow*
18. BURIAL, CREMATION, OR REMOVAL PLACE *Palmyra* DATE *Dec. 14 1937*
19. FUNERAL DIRECTOR (ADDRESS) *Chas. F. Stuart 1235 Union Blvd*
20. FILE NO. **DEC 13 1937** 19 *St. Brudeck* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 11 1937*
22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at *3 P.* m.
The principal cause of death and related causes of importance were as follows:
Haemorrhage due to fracture of skull suffered on fall down the steps in rear of 836 Bittner on Dec 12 1937 about 12:15 P.M.
Date of onset
Cont.:- Bencho Pneumonia Accident
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? *Yes*
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *accident* Date of injury *12.11.1937*
Where did injury occur? *St. Louis, Mo* (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. *Public Place*
Manner of injury *See above*
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify *Joseph M. Jernan* M.D.
(Signed) *Joseph M. Jernan* (Address) *Deputy Coroner*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

219

I X12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
.....L. E.....
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)