

REC'D MAR 14 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
5161
Do not fill in

Registered No. 1806

1. PLACE OF DEATH

 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **Little Flower Retreat** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

 Alice Cullinane **455**
 2813 Caroline St
 (a) Residence, No. 2813 Caroline St. **22** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Patrick Cullinane**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 27 1856**
 7. AGE YEARS **86** MONTHS **7** DAYS **22** If LESS than 1 day, hrs. or min.

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **At Home**
 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** **5**13. NAME **John Terrell** **5**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland** **5**15. MAIDEN NAME **Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**17. INFORMANT **William Cullinane**
(ADDRESS) **2813 Caroline St**18. BURIAL, CREMATION, OR REMOVAL
PLACE **Calvary Cemetery** DATE **February 22, 1938**19. FUNERAL DIRECTOR **Peetz Brothers**
(ADDRESS) **3029 Lafayette Ave**20. FILED **Feb 21 1938** **J. Bredbeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 18 1938**
 22. I HEREBY CERTIFY, That I attended deceased from **Feb. 15th**, 1938, to **Feb. 19th**, 1938.
 I last saw her alive on **Feb. 18th**, 1938. Death is said to have occurred on the date stated above, at **6:30 P.M.**
 The principal cause of death and related causes of importance were as follows:

Bronchitis-Pneumonia Date of onset **2-15-38**
Cerebral Haemorrhage **2/14/38**
 Other contributory causes of importance:

 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? **no**

 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

 Manner of injury
 Nature of injury

 24. Was disease or injury in any way related to occupation of deceased? **no**
 If so, specify **Paul B. Webb** M. D.
 (Signed) **Paul B. Webb**
 (Address) **3467 Worquford Rd.**

STATEMENT BY LICENSED EMBALMER

I, Francis J. Quinn Licensed Embalmer No. 2245

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E. _____

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed Francis J. Quinn
Licensed Embalmer No. 2245

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.)