

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.

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

REC'D AUG 12 1938

23241
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **3943a St. Louis Ave.** Registered No. **5925**
 (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

Mary Culliton
 (a) Residence, No. **3943a St. Louis Ave.** St. **10**
 (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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **James P. Culliton**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 25, 1868**

7. AGE YEARS **70** MONTHS **1** DAYS **5** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) **New Haven Conn.**

FATHER 13. NAME **Bernard Sweeney**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

MOTHER 15. MAIDEN NAME **Bridget Shevlin**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT (ADDRESS) **Mr. Joseph Culliton 3943a St. Louis Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **July 2, 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Cullinane Brothers 1710 N. Grand Blvd.**

20. FILED **JUL 1 1938** **J. P. Bredecar** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 30, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **4-30-1938** to **6-29-1938**
 I last saw him alive on **6-29-1938** Death is said to have occurred on the date stated above, at **7.15 AM**
 The principal cause of death and related causes of importance were as follows:

Hemiplegia, Left Date of onset **4/27/38**
Myocarditis, Chronic
 Other contributory causes of importance:
Carcinoma of Stomach
Secondary Anemia

Name of operation **None** Date of.....
 What test confirmed diagnosis? **X-Ray** 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? **1**
 If so, specify.....
 (Signed) **Nicholas S. Vitale, M. D.**
 (Address) **3861 St. Louis Ave.**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Fred Frick

Licensed Embalmer No. _____

3186

P. O. Address _____

St. Louis, Mo.

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.)

If this body is not embalmed, above space should be left blank.