

FILED JAN 27 1942

Registration District No. 187

Primary Registration District No. 2001

Registrar's No. 122

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Glencoe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: La Salle Institute 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 years (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Glencoe
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Brother Charles John J. Bullinane

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 20 1853
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>6</u>	<u>24</u>	<u>8</u> hr. <u>45</u> min.

9. Birthplace New Orleans Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher (retired)

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew Bullinane

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Julia McHugh

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Brother Joel

(b) Address Glencoe, Missouri

17. (a) Burial (b) Date thereof 1 15 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glencoe, Missouri

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lyndall Blvd

19. (a) JAN 15 1942 (b) E. McHugh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13th
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Oct 1940
to Jan. 19 42
that I last saw him alive on Jan 13 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of right chest
car + gland 2 1/2 yrs.

Due to Skin cancer
metastases

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 53
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J.P. Hemmerich Jr. (M. D. or other)
Address 200 Columbia Date signed 1/15/42

PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

94
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Dr C. H. ...
Office 6200 Columbia

Mr. J. P. ...
6200 Columbia 9-10
(Thursday)

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P. 1

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 W. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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, fact should be so stated above.