

**FILED APR 8 1942 791**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

179

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3523 University St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 60 Years  
(Specify whether years, months or days)  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3523 University St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Ella E. Cullinane

3. (b) If veteran, name, war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Michael Cullinane 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased: March 6 1882  
(Month) (Day) (Year)

8. AGE: Years 60 Months I Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Daniel Mc. Carthy

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

14. Maiden name Irish Lyons

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

16. (a) Informant Michael Cullinane

(b) Address 3523 University St.

17. (a) burial (b) Date thereof 3-11-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director James J. Cullinane

(b) Address 1710 N. Grand

19. (a) WAK (b) J. A. Prickett  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th.  
year 1942 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from June - 28 1940 to March 7 1942  
that I last saw her alive on March 6 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to arteriosclerosis

Due to \_\_\_\_\_

Other conditions Carcinoma of breast - removed Jan 6 - 1940  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of breast - mitral regurgitation

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 Thomas H. ... (M. D. or other) \_\_\_\_\_

Address 1117 N. Grand Date signed 3/7/42

Duration

24 hr

1 yr

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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, fact should be so stated above.**