

S. No. 2  
M-9-4-41  
v. 5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **41879**

Registration District No. **284**

Primary Registration District No. **111**

Registrar's No. **2630**

**1. PLACE OF DEATH:**  
 (a) County **St. Louis**  
 (b) City or town **Richmond Heights**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**St. Mary's Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 (Specify whether  
 In this community.....  
 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo.** (b) County.....  
 (c) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **4147 Russell Blvd.**  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** **William J. Cullen**  
 3. (b) If veteran, name war **None**  
 3. (c) Social Security No. **494-07-6295**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Dec.** day **13th**  
 year **1942** hour..... minute..... M.  
**21. I hereby certify that I attended the deceased from** **1939**  
 ....., 19....., to **Dec 13** ....., 19**42**  
 that I last saw him alive on **Dec 13** ....., 19**42**  
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Adelaide Cullen**  
 6. (c) Age of husband or wife if alive **54** years  
 7. Birth date of deceased **Feb. 15th 1889**  
 (Month) (Day) (Year)

Immediate cause of death **apoplexy (cerebral)**  
 Due to **arteriosclerosis**  
 Due to.....  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

**8. AGE:** Years **53** Months **9** Days **28**  
 If less than one day hr. min.

**PHYSICIAN**  
 Major findings: **830!**  
 Of operations.....  
 Of autopsy.....  
 Underline the cause to which death should be charged statistically.

9. Birthplace **St. Louis Mo.**  
 (City, town, or county) (State or foreign country)  
**10. Usual occupation** **Salesman**  
**11. Industry or business** **Famous Barr Co.**

**MOTHER FATHER**  
 12. Name **Eugene Cullen**  
 13. Birthplace **Boston Mass.**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Ann Kellard**  
 15. Birthplace **Ireland**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Adelaide Cullen**  
 (b) Address **4147 Russell Blvd.**  
 17. (a) **Burial** (b) Date thereof **12-16-42**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**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?

(c) Place: burial or cremation **Calvary Cemetery**  
**18. (a) Signature of funeral director** **Kriegshauser Mortuaries**  
 (b) Address **4228 So. Kingshighway Blvd.**  
**19. (a) DEC 14 1942** (b) **E. J. McLaughlin**  
 (Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)  
 (c) Means of injury  
**23. Signature** **Thomas M. Walsh** (M. D. or other)  
 Address **634 No Grand** Date signed **7/1/44**

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

966  
3006

the

207

Dr. Thomas Martin

200 Aldy 3-5-30

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**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

*Edwin M. Bennett*

Licensed Embalmer No. 3024

P. O. Address.....

**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.**