

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36260

State File No. \_\_\_\_\_

FILED NOV 20 1943

Registration District No. 318

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

Registrar's No. 9955

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:  
De Paul Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_ 0 (Specify whether years, months or days)

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. 3832 St. Louis Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ NO

3. (a) PRINT FULL NAME Frank W. Cullen

3. (b) If veteran, name war No

3. (c) Social Security No. 494-09-1496

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 13  
year 1943 hour 9 minute 40a M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Victoria Kravitz

6. (c) Age of husband or wife if alive 67 years 4 1877

7. Birth date of deceased July  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 7, 1943 to Nov. 13, 1943  
that I last saw him alive on November 13, 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

66	4	9	hr. _____ min.
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Immediate cause of death Bronchial pneumonia Duration 6 days

Due to La grippe 10 days

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

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

10. Usual occupation Shoe Cutter

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business Shoe Factory

Major findings: Of operations \_\_\_\_\_

12. Name Hugh Cullen

Of autopsy \_\_\_\_\_

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

14. Maiden name Elizabeth Rigney

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

16. (a) Informant Mrs Victoria Cullen

(b) Address 3832 St. Louis Ave.

17. (a) Burial (b) Date thereof 11-15-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) NOV 14 1943 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

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)

23. Signature Arthur S. Snelson (M. D. or other)

Address 2202 University St. Date signed 11/14/43

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

844 (Licensed Embalmer's Statement on Reverse Side)

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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 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.**