

FILED JUN 19 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5288

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Barnes
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
 (Specify whether 0)
 In this community 0 years, months or days
 (Specify whether 0)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County McLean
 (c) City or town East St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No.....
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country 2

3. (a) PRINT FULL NAME Joseph Mack Cullen

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

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

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

7. Birth date of deceased Nov. 25, 1935
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
8 6 14 hr. min.

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

10. Usual occupation At School

11. Industry or business.....

12. Name Joseph Mack Cullen

13. Birthplace East St. Louis, Ill
 (City, town, or county) (State or foreign country)

14. Maiden name Anna Johnson
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Chas Burke
 (b) Address East St. Louis, Ill 1944

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12
 (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis, Ill

18. (a) Signature of funeral director Chas Burke

(b) Address East St. Louis, Ill

19. (a) JUN 10 1944 (b) J. J. Bruback
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
 year 1944 hour 9 minute 50 A.M.

21. I hereby certify that I attended the deceased from May 31, 1944 to June 10, 1944
 that I last saw him alive on June 10, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to Acute rheumatic myocarditis

Due to 58C

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 R. J. Bluffin (M. D. or other) 6-10-44

Address 1401 S. Highway Date signed.....

WRITE PLAINLY—USE UNFADING INK

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.....

Chas McBrink

Licensed Embalmer No.....

2421

P. O. Address.....

East St Louis

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.