

FILED SEP 8 1944  
Registration District No. 318

Primary Registration District No. 1003

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

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:  
Pronounced dead at City 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)

3. (a) PRINT FULL NAME Thomas Joseph Cullinane  
3. (b) If veteran, No. \_\_\_\_\_ 3. (c) Social Security No. 488-05-0102  
name war \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Pearl Utt Cullinane 6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased Sept. 1, 1883  
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 27 If less than one day  
\_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Salesman  
11. Industry or business Ely-Walker D. G. Co.

MOTHER { 12. Name Thomas J. Cullinane  
FATHER { 13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Katherine Ryan  
15. Birthplace New York City  
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Utt Cullinane  
(b) Address 6447 San Bonita Avenue  
17. (a) Burial (b) Date thereof 8/31/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Robert J. Ambruster  
(b) Address Clayton Rd. at Concordia Lane

19. (a) AUG 29 1944 J. F. Bradeck  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Clayton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6447 San Bonita Ave.  
(If rural, give location) N.R.  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 28  
year 1944 hour 7 minute 58 AM.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Due to Coronary Sclerosis  
Due to Arteriosclerosis  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: PH  
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?

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Thomas J. Cullinane (M.D. or other)  
Deputy Coroner Address \_\_\_\_\_ Date signed 8-29-44

**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.....

*Robert J. [Signature]*  
Licensed Embalmer No. 1994

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.**