

S. No. 2
M-5-43
5-17-39
I X36671

#41242
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

18990

STANDARD CERTIFICATE OF DEATH
L 1003

State File No. _____
Registrar's No. 5737

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: St. Louis City Hospital #1. 0
(d) Length of stay: In hospital or institution 1mo-15 days
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town 5877 Lotus Ave. 96
(d) Street No. 5877 Lotus Ave. 96
(e) Citizen of foreign country? (Yes or No) 1

3. (a) PRINT FULL NAME MICHAEL McCULLEN
(b) If veteran, name war _____
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 1st
year 1945 hour 6:45 minute P. M.
21. I hereby certify that I attended the deceased from 5/14/45
to 7/1/45
that I last saw him alive on 7/1/45
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 Cath. O'Reilly McCullen
6. (c) Age of husband or wife if alive 1878 years
7. Birth date of deceased: May 4 1878
(Month) (Day) (Year)

Immediate cause of death: Coronary thrombosis
Due to: Gen'l arteriosclerosis
Other conditions: (Include pregnancy within 3 months of death) J.H.A.
Major findings: Arteriosclerotic gangrene of toes
Of autopsy: _____

8. AGE: Years 67 Months 1 Days 27
If less than one day hr. min.

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

10. Usual occupation: Maintenance Man

11. Industry or business: _____

12. Name: McCullen (City, town, or county) (State or foreign country)

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

14. Maiden name: Dunn (City, town, or county) (State or foreign country)

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

16. (a) Informant: Catherine McCullen
(b) Address: 5877 Lotus Ave.

17. (a) Burial (b) Date thereof: 7/3/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary

18. (a) Signature of funeral director: Stroot-Carroll
(b) Address: 4600 Natural Bridge Ave.
19. (a) JUL 2 1945 (Date received local registrar)
(b) J. F. Brueck (Registrar's signature)

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: J. F. Brueck (M. D. or other)
Address: 1514 Lafayette 7/2/45

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

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 _____

Licensed Embalmer No. _____

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.