

S. No. 2  
-12-45  
5-17-39  
P. 1 X47070

**FILED APR 14 1947**  
318

Registration District No. **318** Primary Registration District No. **1003**

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:  
4032 California /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 78 Yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County OTO  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4032 California  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Mamie Kilcullen /  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 28  
year 1947 hour 9 minute :40 P.M.  
21. I hereby certify that I attended the deceased from May 1  
1943 to March 28 1947  
that I last saw her alive on March 28 1947  
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Patrick J. Kilcullen  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January 10, 1869  
(Month) (Day) (Year)

Immediate cause of death Catarhal acute cystitis with general septicemia  
Duration 1 wk  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
78 2 18 hr. min.

Other conditions (include pregnancy within 3 months of death) 1/25-2

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

10. Usual occupation At Home  
11. Industry or business \_\_\_\_\_  
12. Name George Moorhouse  
13. Birthplace Liverpool, England  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Loyd  
15. Birthplace Cardiff, Wales  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. John Patrick Kilcullen  
(b) Address 5327 Tholozan  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/47  
(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 New St. Marcus Cemetery  
18. (a) Signature of funeral director Beiderwieden F.H. Inc.  
(b) Address 1936 St. Louis Avenue  
19. (a) MAR 31 1947 (Date received local registrar) (b) J. F. Bruck (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature D. J. Johnson (M. D. or other) MD  
Address 2801 Chipewa Date signed 3-29-

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

MOTHER FATHER

Dr. A. S. Johnson  
2801 Clippewa

**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..... *Delis J. Krupin*  
Licensed Embalmer No..... *3497*  
P. O. Address..... *1936 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:**