

S. No. 2
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-5-17-39
P1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32763**
Registrar's No. **8685**

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

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:
2601 No. 10th Str.
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Osceola
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2601 No 10th Str.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hugh J. McCullen
3. (b) If veteran, name war. #1
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 13
year 1947 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from
Nov. 20th 1936 to Sept. 13th 1947
that I last saw him alive on Sept. 12th 1947
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, Widowed
6. (b) Name of husband or wife Mable McCullen
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 28, 1887
(Month) (Day) (Year)

Immediate cause of death
Chronic Myocarditis Duration 9 yrs
Due to Chronic Arthritis, Multiple 11 Yr

8. AGE: Years Months Days If less than one day
60 1 15 hr. _____ min.

Due to _____
Other conditions (Include pregnancy within 3 months of death)
93

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

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

10. Usual occupation Unemployed

11. Industry or business _____
12. Name Hugh McCullen
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Cherry
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Andrew McCullen
(b) Address 2601 No. 10 Str.

17. (a) Burial (b) Date thereof 9/16/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director _____
(b) Address 2117 E. Grand Blvd.

19. (a) SEP 15 1947 (b) J. F. Bredeck
(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) (Means of injury)
23. Signature Edwin J. Proelich (M. D. or other) M.D.
Address 3635 No. Newstead Ave. Date signed 9/15

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

MOTHER FATHER

NOV 6 1947

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..... *Frank A. Moore*

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Grand*

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.