

No. 30-47
5-17-39
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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JAN 11 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 41379

Registrar's No. 11347

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:
4218a Arsenal St. /
(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 ELIZABETH CULLEN
3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow?
6. (b) Name of husband or wife Iate William 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sep't. 1 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 3 28 hr. min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Peter Sack
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Zell
(b) Address 4218a Arsenal St.

17. (a) Burial (b) Date thereof 12 31 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co

(b) Address 4228 S. Kingshighway Bl.

19. (a) DEC 29 1948 (b) J. B. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 13
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 9
(d) Street No. 4218a Arsenal St.
16 (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29
year 1948 hour 9:00 minute A.M.

21. I hereby certify that I attended the deceased from 6/24/47
_____, 19____, to 12-29-____, 1948
that I last saw him alive on 12-29-48
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Hemorrhage
Due to Hypertension
Due to J. Z. [Signature]
Other conditions _____
(Include pregnancy within 3 months of death)

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings:
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? !

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. J. [Signature] (M. D. or other) M.D.
Address 3150 Wagonwheel Rd Date signed 12/29/48

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..... *Richard W. Stovesand*

Licensed Embalmer No..... *4007*

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.