

FILED FEB 4 1950

## STANDARD CERTIFICATE OF DEATH

3344

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>3064</b>		Registrar's No. <b>249</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ferguson</b>		c. LENGTH OF STAY (In this place) 1 MON.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hillsdale</b>		4160	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Halls Ferry Memorial Home</b>				d. STREET ADDRESS (If rural, give location) <b>6582 St. Louis Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jean</b>		b. (Middle)		c. (Last) <b>Cullen</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 29 1950</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow 2</b>	8. DATE OF BIRTH <b>Aug. 30, 1885</b>		9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>		11. BIRTHPLACE (State or foreign country) <b>Preston, Iowa.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Samuel Bowan</b>		13b. MOTHER'S MAIDEN NAME <b>Mary McKinzie</b>		14. NAME OF HUSBAND OR WIFE <b>Bernard</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lorene Schlueter, 6582 St. Louis</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhages</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive &amp; Arteriosclerotic Cardiovascular disease 4 years</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Parkinson's disease, hemiplegia, Cystitis, decubitus</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>  <b>442X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>442X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <b>Dec 15, 1949</b> , to <b>Jan 29, 1950</b> , that I last saw the deceased alive on <b>Jan 27, 1950</b> , and that death occurred at <b>1:30a. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Lewis Littmann MD</b>				23b. ADDRESS <b>8231 Clayton Rd (17)</b>		23c. DATE SIGNED <b>1/29/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1-29-50</b>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Chillicothe, Ill.</b>		
DATE REC'D BY LOCAL <b>JAN 29 1950</b>		REGISTRAR'S SIGNATURE <b>Herbert G. Womke, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Me

working under my personal supervision.

Student Embalmer No.....

Signed.....

Estouret Rumbino

Signed.....  
Student Embalmer

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

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.