

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21450

State File No.

318

1003

Registrar's No. 5469

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>St. Louis</u>		2054			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6239 Rosebury</u>				d. STREET ADDRESS (If rural, give location) <u>5 6239 Rosebury</u>				0	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Anna</u>		b. (Middle) <u>C.</u>		c. (Last) <u>Cullom</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 23 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Jan. 26 1869</u>		9. AGE (in years, month, birthday) <u>80</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 1 WKS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Michael Quinn</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Sullivan</u>			14. NAME OF HUSBAND OR WIFE <u>Michael F. Cullom</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Eugene Cullom.</u>				ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC DECOMPENSATION</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 WKS</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CORONARY HEART DISEASE</u> <u>13 YRS</u>							
		DUE TO (c) <u>SENILE ARTERIOSCLEROSIS</u> <u>10 YRS</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>AURICULAR FIBRILLATION</u> <u>1 WK</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>					
22. I hereby certify that I attended the deceased from <u>OCT. 19, 1937</u> , to <u>JUNE 23, 1950</u> , that I last saw the deceased alive on <u>JUNE 22, 1950</u> , and that death occurred at <u>9:30 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>James H. Cummings</u> (Degree or title)				23b. ADDRESS <u>424 N. Euclid Av.</u>		23c. DATE SIGNED <u>6/23/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>U</u>		24b. DATE <u>June 14th. 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JUN 23 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur Donnelly</u>		ADDRESS <u>3840 Lindell</u>			

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

424 71 Encoder
130-30

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *W A Vanmatre*

Signed.....
Student Embalmer

Licensed Embalmer No. *2895*

P. O. Address *4340 Lafayette*

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.