

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 3 1953

State File No. 2991
Registrar's No. 0602

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 2991		Registrar's No. 0602	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2169					
d. FULL NAME OF HOSPITAL OR INSTITUTION 3867 Hartford Street				d. STREET ADDRESS (If rural, give location) 3867 Hartford Street					
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) E. c. (Last) CULLEN				4. DATE OF DEATH (Month) (Day) (Year) January 18, 1953					
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH March 17, 1878		9. AGE (In years last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher-Law		10b. KIND OF BUSINESS OR INDUSTRY University		11. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois				12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Edward Cullen			13b. MOTHER'S MAIDEN NAME Ellen Wheeler			14. NAME OF HUSBAND OR WIFE Bertha Wodden Cullen			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW #1			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bertha W. Cullen 3867 Hartford Str.				
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) <u>Parkinson's Disease</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis</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? 350X							
22. I hereby certify that I attended the deceased from 2/21, 1952, to 1/18, 1953, that I last saw the deceased alive on 1/10, 1953, and that death occurred at 12:47a m., from the causes and on the date stated above.									
23a. SIGNATURE H. F. Bergman (Degree or title) MD				23b. ADDRESS 3720 Washington				23c. DATE SIGNED 1/19/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 1/21/53		24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		24d. LOCATION (City, town, or county) (State) St., Louis, Missouri			
DATE REC'D BY LOCAL JAN 19 1953		REGISTRAR'S SIGNATURE [Signature]				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. 1936 St. Louis Avenue			

(Licensed Embalmers' Statement on Reverse Side)

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

Dr. H.F. Bergman, MD
Beamount Bldg.
3720 Washington Bl.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Max L. Warfel

Licensed Embalmer No. *4170*

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.