

1939 SEP 14 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

27477  
Do not use this space.  
6977

1. PLACE OF DEATH

(a) County ..... Registration District No. 791  
(b) Township ..... Primary Registration District No. 1008  
(c) City St. Louis, Mo. (d) Street No. Firman Desloge Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Gary Cullen

(a) Residence, No. 3151 OHIO AVE St. 24  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 8, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day or ..... hrs. or ..... min. 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Firman Desloge Hos. St. Louis, Mo.

FATHER 13. NAME Ermine John Cullen 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER 15. MAIDEN NAME Mabel Anna Herbel 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) M other Mrs Mabel Cullen 3151 Ohio Ave, St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE S. J. Peter & Paul DATE Aug 11 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Woodruff 2906 Groves Ave

20. FILED 91 1939 J. S. Pridick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1939, to August 10, 1939  
I last saw him alive on August 10, 1939 Death is said to have occurred on the date stated above, at 10:26 P.M.  
The principal cause of death and related causes of importance were as follows:

PULMONARY EDEMA

Other contributory causes of importance: full terms

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify (Signed) S. A. Mitchell M. D.  
(Address) 1325 S. Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.....

*Geo Budde*  
.....  
working under my personal supervision.

....., Registered Apprentice No. ....

Signed.....  
*Geo Budde*

Licensed Embalmer No. *3989*

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, above space should be left blank.**