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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 19483

Registrar's No. 5605

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 19

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 4200 BL. OLIVE ST.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Hugh Cullivan

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced DIVORCED 3

6. (b) Name of husband or wife HIAWATHA

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased AUG. (Month) 27 (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	10	0	hr. min.

9. Birthplace WASHINGTON (City, town, or county) INDIANA (State or foreign country) 1

10. Usual occupation LABORER

11. Industry or business GENERAL

FATHER
12. Name CORNELIUS CULLIVAN
13. Birthplace WASHINGTON (City, town, or county) IND. (State or foreign country) 1

MOTHER
14. Maiden name BRIDGETTE DONAHOE
15. Birthplace WASHINGTON (City, town, or county) IND. (State or foreign country) 1

16. (a) Informant Joseph Kasely
(b) Address EAST ST. LOUIS, ILL

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/27/42 (Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis, Ill

18. (a) Signature of funeral director Joseph Kasely
(b) Address East St. Louis, Ill

19. (a) JUN 30 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27, year 1942 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from May 29, 1942, to June 27, 1942; that I last saw him alive on June 27, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M.D. or other) 0

Address 1515 Lafayette Date signed 6/27/42

844 (Licensed Embalmer's Statement on Reverse Side)

5605

5605

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Joseph Kassly

ILL. Licensed Embalmer No. 7541

P. O. Address East St. Louis, Ill.

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.