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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38745

FILED DEC 12 1944

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 2428

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis

(c) City or town Richmond Heights (If outside city or town limits, write "RURAL")

(d) Street No. St. Mary's Hospital (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Edward B. Cullinan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Statia Sullivan

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Sept (Month) 6th (Day) 1971 (Year)

8. AGE: Years 73 Months 2 Days 15 If less than one day hr. min.

9. Birthplace Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Peabody Coal Co.

FATHER
12. Name Henry C. Cullinan
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Barron
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Statia Cullinan

(b) Address 7347 Northwood Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 24-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director L. Mullen Und Co

(b) Address 5165 Delmar Bl

19. (a) Dec 1 1944 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21st year 1944 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Nov 13, 1944, to Nov 21, 1944 that I last saw him alive on Nov 21, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion, Acute	9 days
Cerebral Embolus	
Due to Coronary Artery Sclerosis	?
Mural Thrombosis (Heart)	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

94

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 0

23. Signature E. Lee Shrader (M. D. or other)

Address 3720 Washington Date signed 11/22/44

(Licensed Embalmer's Statement on Reverse Side)

Dr Curader
Rosemont Bldg.

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.....

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

working under my personal supervision.

Signed H. G. Farris

Licensed Embalmer No. 3384

P. O. Address St Louis

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.