

FILED JUN 20 1946

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 2070

Registrar's No. 1221

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Webster Grove  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Glenwood Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 years  
In this community 2 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County 997  
(c) City or town San Diego  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louise B. Cullen

3. (b) If veteran, name war No. 3. (c) Social Security No. \_\_\_\_\_

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 20 1865  
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bowling Green, Va.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name William Cullen

13. Birthplace Va.  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Battaile

15. Birthplace Va.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Virginia Espy Mac Donald

(b) Address 7 Worthington Dr. RFD#8, Lemay 23, Mo

17. (a) burial (b) Date thereof 6/5/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander & Son

(b) Address 6175 Delmar

19. (a) 6-5-46 (b) E. J. McDevran  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd  
year 1946 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug. 17 1944 to June 3rd 1946  
that I last saw her alive on June 3rd 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
\_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury fall

23. Signature Paul Hines M.D. (M. D. or other)

Address Webster Groves Mo Date signed 6-3-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

20215

16  
7  
4

APR 14 1955

JUL 2 6 1955

**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 John E McCulloch  
Licensed Embalmer No. 2462  
P. O. Address 6175 Delmar

**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.**