

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **44954**
 Registrar's No. **11933**

FILED JAN 26 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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. LENGTH OF STAY (In this place) 75 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2601 N. 10th St.		d. STREET ADDRESS (If rural, give location) 26 2601 N. 10th St	

3. NAME OF DECEASED (Type or Print) Andrew a. (First) Mc Cullen b. (Middle) c. (Last)			4. DATE OF DEATH Dec 26 1952 (Month) (Day) (Year)		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 5 1877	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deputy License Coll	10b. KIND OF BUSINESS OR INDUSTRY City St. Louis	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Eugene McCullen	13b. MOTHER'S MAIDEN NAME Mary Shery	14. NAME OF HUSBAND OR WIFE Marie
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 494-36-6070	17. INFORMANT'S SIGNATURE OR NAME Mrs. Andrew Mc Cullen	ADDRESS 2601 N 10 St
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure ANTECEDENT CAUSES Sclerosis coronary arteries 2 yrs DUE TO (b) Hypertension DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 1/2 hour
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H 201
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22. I hereby certify that I attended the deceased from **Dec. 24, 1952**, to **Dec. 26, 1952**, that I last saw the deceased alive on **Dec. 24, 1952**, and that death occurred at **11:50 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John C. Creano M.D.	23b. ADDRESS 2504 N 14th St	23c. DATE SIGNED 12-27-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 29 1952	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REG. DEC 27 1952	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Wm. J. Marcell	ADDRESS 4114 St Louis Ave.
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5/05 (Licensed Embalmer's Statement on Reverse Side)

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

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 ME

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed W W Wilkinson

Licensed Embalmer No. 3575

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.