

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047125

AMENDED

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

DOCUMENT

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3724 STATE FILE NUMBER

FILED JAN 9 1962

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton Length of stay in 1b yrs.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7715 Shirley Drive Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY St. Louis
 c. CITY OR TOWN Clayton Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 7715 Shirley Drive Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
KATE CULLEN
 4. DATE OF DEATH Month Day Year
Dec 28 1961

5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 8/23/1888 9. AGE (last birthday) 73

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home 10b. KIND OF BUSINESS OR INDUSTRY housewife 11. BIRTHPLACE (City and state or country) Tennessee 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Unknown Ferguson 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE late, Thomas H. Cullen

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. none 17. INFORMANT Mr. C. O'Donnell 7715 Shirely Drive Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Carcinomatosis
 DUE TO (b) Cancer of pancreas INTERVAL BETWEEN ONSET AND DEATH 1 year
 DUE TO (c)
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11/29/61 to 12/27/61 and last saw her alive on 12/16/61
 Death occurred at 7 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Malcolm B. Prosser M.D. 22b. ADDRESS 4660 Maryland 22c. DATE SIGNED 12/28/61

23a. BURIAL, CREMATION, REMOVAL (Specify) cremation 23b. DATE 12/30/61 23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory 23d. LOCATION (City, town, or county) (State) St. Louis Missouri

24. FUNERAL DIRECTOR C.R. Lupton and sons 7233 Delmar Blvd ADDRESS 25. DATE RECD. BY LOCAL REG. 12-28-61 26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.