

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
791 1003

State File No. 9514
Registrar's No. 2997

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 53 Years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Lucy H. Sullivan.

8. (b) If veteran, name war. 8. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clarence T. Sullivan. 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased SEPT 8 1886 (Month) (Day) (Year)

8. AGE: Years 53 Months 6 Days 22 If less than one day hr. min.

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

10. Usual occupation At Home.

11. Industry or business

MOTHER FATHER { 12. Name James F. Hereford 13. Birthplace St. Louis, Mo. 14. Maiden name Emily Page. 15. Birthplace Mo. (City, town, or county) (State or foreign country)

18. (a) Informant CLARENCE T. SULLIVAN (b) Address 535 CLARA AVE.

17. (a) Burial (b) Date thereof: 4-1-40 (Burial, cremation, or removal) (Month) (Day) (Year) (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly (b) Address 3840 Lindell Blvd.

19. (a) MAR 31 1940 (Date received local registrar) J. L. Bruch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis, Mo. 5 (If outside city or town limits, write "RURAL")
(d) Street No. 535 Clara Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th. year 1940 hour 1:00 minute A M.

21. I hereby certify that I attended the deceased from Jan. 15 1940 to Mar 29 1940 that I last saw her alive on Mar 29 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pemphigus Duration 3 wks.

Due to Due to

Other conditions Pneumonia, Bronchial 1 day (Include pregnancy within 3 months of death)

PHYSICIAN Major findings: Of operations 107A Of autopsy 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?

While at work (Specify type of place) (e) Means of injury

28. Signature J. L. Bruch (M. D. or other) Address 007 N Grand Date signed 3-30-40

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

607 M. Marshall
2-3
J. B. Marshall

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell Blvd

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, above space should be left blank.