

Registration District No. 794

Primary Registration District No. 1003

Registrar's No. 5076

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution: DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether in this community, years, months or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 5015 St. Louis Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Life years.

3. (a) PRINT FULL NAME Florence E. Sullivan WIS

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1940 hour 9 minute 15 P M.

21. I hereby certify that I attended the deceased from June 7, 1940 to June 8, 1940
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

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

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

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased July 22 - 1883
(Month) (Day) (Year)

Immediate cause of death Cardiac Decompensation 2 day
Chronic Valvular heart disease

Due to _____

Due to _____

8. AGE: Years 56 Months 10 Days 26
If less than one day hr. min.

Other conditions IN
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Kiernan

18. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Ainnie (Unknown)

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Jerry Sullivan

(b) Address 5015 St. Louis Ave.

17. (a) Burial (b) Date thereof 6/11/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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? _____

18. (a) Signature of funeral director Sullivan Und. Co.
2849 N. Euclid

(b) Address _____

19. (a) JUN 10 1940 (b) J. F. Brudwick
(Date received local registrar) (Registrar's signature)

While at work J. M. Brown (Specify type of place) (c) Means of injury _____

28. Signature J. M. Brown (M. D. or other)

Address 2867th Union Date signed 6/10

113036

Union of Artists 8483

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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address

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.