

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. _____

I. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 6285 Reber **2**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ellen Sullivan **415**

3. (b) If veteran, name war _____
 3. (c) Social Security No. 110-46

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

6. (b) Name of husband or wife Francis Sullivan
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 28, 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>3</u>	<u>30</u>	hr. _____ min. _____

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

10. Usual occupation none

11. Industry or business _____

12. Name Edmund Shine

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

14. Maiden name Prudence Eggleston

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

16. (a) Informant Miss P. Sullivan

(b) Address 6285 Reber

17. (a) Burial (b) Date thereof 7-1-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd

19. (a) JUN 20 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis **3**
(If outside city or town limits, write "RURAL")
 (d) Street No. 6285 Reber
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th
 year 1940 hour 10:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 9, 1940, to June 27, 1940
 that I last saw her alive on June 27, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach ?

Due to _____

Due to _____

Other conditions HO
(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 _____

23. Signature J. A. Curlland (M. D. or other) M.D.

Address 5730 Southcrest Date signed 6-28-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. Cleveland
5930 Southwest

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

Vinyl L. Berryman

Licensed Embalmer No.

4018

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, above space should be left blank.