

S. No. 2
-11-10-39
5-17-39
P I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23543

State File No. _____

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **5988**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(c) Name of hospital or institution: **City Hosp # 1**
(d) Length of stay: In hospital or institution **2 Weeks**
In this community **Life**
years, months or days

8. (a) PRINT FULL NAME **Johanna Sullivan**

8. (b) If veteran, name war **Nil** 8. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **John M** 6. (c) Age of husband or wife if alive **Dec'd** years

7. Birth date of deceased **March 4th, 1861**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 **4** **11** hr. min.

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

10. Usual occupation **At Home**

11. Industry or business **At Home**

MOTHER FATHER { 12. Name **Patrick McCarthy**
13. Birthplace **Ireland**
14. Maiden name **Not Ascertainable**
15. Birthplace **Ireland**

16. (a) Informant **Maurice L. Sullivan**
(b) Address **2310 Warren St.**

17. (a) **Burial** (b) Date thereof **7/18/40**
(c) Place: burial or cremation **Calvary Cemt.**

18. (a) Signature of funeral **Harrigan & Sheahan Und Co**
(b) Address **4415 Washington Blvd.**

19. (a) **JUL 17 1940** (b) **J. F. Brudek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County _____
(c) City or town **St. Louis**
(d) Street No. **2310 Warren St.**
(e) If foreign born, how long in U. S. A. **Life** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **15th.** day **July**
year **1940** hour _____ minute **11:45a.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture of Right Femur, Fracture of Rt. Humeral Condyles of Stomach, suppurated**
Date when deceased fell ill **her home 2310 Warren St**
Duration **one July 1st 1940**
At about **3.30 pm**

Other conditions (include pregnancy within 3 months of death) **186a**

Major findings: Of operations **18**
Of autopsy **Carcinoma stomach metastasis into liver.**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **15 July 1940**
(c) Where did injury occur? **St. Louis mo**
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? **no** (Specify time of place) (e) Means of injury **fall**

23. Signature **J. F. Brudek** (M. D. or other) **Deputy Coroner**
Address _____ Date signed _____

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 _____

Homer W. Dritz

Licensed Embalmer No. 3882

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.