1940 SEP 25 PM

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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

F-6500

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27072

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 6968

1. PLACE OF DEATH:

(a) County Missouri

(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. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)
In this community 53 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 0

(c) City or town St. Louis. 26
(If outside city or town limits, write "RURAL")

(d) Street No. 1421 N. Market St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Clara Sullivan 415

3. (b) If veteran, name war No.

3. (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 Late Thomas Sullivan.

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

7. Birth date of deceased June 7th 1860.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	2	9	____ hr. ____ min.

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

10. Usual occupation Housework.

11. Industry or business

FATHER
12. Name Unknown.
13. Birthplace Unknown. 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond A. Creighton
(b) Address 1421 N. Market St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-40. (Month) (Day) (Year)
(c) Place: burial or cremation Bellefotaine cem.

18. (a) Signature of funeral director Hy. Leidner Vend. Co.
(b) Address 2223 St. Louis Ave.

19. (a) AUG 17 1940 (Date received for record) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16th. year 1940 hour 4:00 minute 20 A. M.

21. I hereby certify that I attended the deceased from August 13th, 1940 to August 16th, 1940 that I last saw her alive on August 16th, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN — 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

23. Signature Harold Freeman M.D. (M. D. or other)
Address 1515 Lafayette St. Louis, Mo. Date signed 8/16/40

(Licensed Embalmer's Statement on Reverse Side)

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 L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.