

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30312
7651

State File No.

Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

1. 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:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 11-mo.
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County.....
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3927 W. Pine Blvd.
(If rural, give location)
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME Charles I. Sullivan

3. (b) If veteran. name war. None 3. (c) Social Security No. None

4. Sex. M. 5. Color or race. W. 6. (a) Single, widowed, married, divorced. W.

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

7. Birth date of deceased. Nov. 8th., 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 10 13 hr. min.

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

10. Usual occupation Clerk

11. Industry or business Am. R.R. Express Co.

12. Name Thomas F. Sullivan

13. Birthplace Washington D.C.
(City, town, or county) (State or foreign country)

14. Maiden name Agnes Finnin

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

16. (a) Informant Miss Catherine Sullivan

(b) Address 3927 W. Pine Blvd.

17. (a) Burial (b) Date thereof 9-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

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

19. (a) SEP 23 1941 (b) J. J. Cudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21st.
year 1941 hour 5 minute 30 p. M.

21. I hereby certify that I attended the deceased from April 23rd 1941 to September 21 1941
that I last saw him alive on September 21 1941
and that death occurred on the date and hour stated above.

Immediate cause of death. Hypertensive Cardiovascular disease Duration 6 months

Due to.....

Due to.....

Other conditions Secondary carcinoma - Cause undetermined

Major findings: Of operations.....

Of autopsy.....

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 Augustus P. Munsch (M. D. or other) Address 306 Humboldt Bldg Date signed Sept 22 1941

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

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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 *W. H. Van Matre*

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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, fact should be so stated above.