

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37080

State File No.

DEC 22 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 9310

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: Fath - O Taylor & Moffett
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1/2 hour
(Specify whether
In this community 1/2 hour
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State St Louis Mo (b) County 000
(c) City or town St Louis Mo 8 16
(If outside city or town limits, write "RURAL")
(d) Street No. 8661 N. Broadway - 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Sullivan, Baby VIII

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. 1
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 11-12-41
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1/2 hr — — 1/2 hr — min

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name J. Louis Sullivan
13. Birthplace Camilla, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Beatrice Pasterink
15. Birthplace Camilla, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thomas Sullivan

(b) Address 8661 N. Broadway, St. Louis

17. (a) Specimen (b) Date thereof 11-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Museum Specimen

18. (a) Signature of funeral director Washington University

(b) Address School of Medicine

19. (a) 11-24-41 (b) J. B. Bredeck
(Date received local registrar) (Registrar's signature)

Museum Specimen, Washington University Medical School
(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12th
year 1941 hour 12:30 minute Noon

21. I hereby certify that I attended the deceased from 11-12-41
19____ to 11-12-1941
that I last saw her alive on 11-12-1941
and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis Lungs
Complete Nasal + Oral Cleft
Due to Prematurity 12th month
Duration _____

Other conditions Six digits + Toe, Bilat
(Include pregnancy within month of death) Defect, Scler

Major findings: Of operations _____

Of autopsy Apoplexy R. Adrenal
and above findings
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 0

23. Signature Nicholas S. Vitale M. D. or other MD
Address 3861 St. Louis Ave. Date signed 11/23/41

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

9310

9310

STATEMENT BY LICENSED EMBALMER

Fetus not embalmed

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.....

Licensed Embalmer No.....

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, fact should be so stated above.