

FILED MAY 7 1942

Registration District No. 791

Primary Registration District No. 1002

Registrar's No.

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

1. PLACE OF DEATH:

(a) County
(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:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Weeks
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Daniel Sullivan

3. (b) If veteran, name war. (c) Social Security No.

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

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

7. Birth date of deceased August 22 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 7 28 hr. min.

9. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Brewery Worker

11. Industry or business Retired 10 Years

MOTHER FATHER { 12. Name Don't Know 9

13. Birthplace " " (State or foreign country)

14. Maiden name Don't Know 4

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

16. (a) Informant Mrs. Nellie Grimm

(b) Address 614 Horn Ave. LeMay, Mo.

17. (a) Burial (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Stephen - Benz Montuary

(b) Address 2842 N. Meramec St.

19. (a) APR 23 1942 (b) J. F. Prudek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Co.
(c) City or town LeMay, Mo. NR 916
(If outside city or town limits, write "RURAL")
(d) Street No. 614 Horn Ave. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th
year 1942 hour 9:00 minute 30 P. M.

21. I hereby certify that I attended the deceased from 2-1-42
to 4-20-42 1942
that I last saw him alive on 4-18-42 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy 2-1-42
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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 Charles Ebers (M. D. or other) MD
Address 7002 S. Montuary Date signed 4-24-42

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed Loron E. Peckay
Licensed Embalmer No. 4094
P. O. Address 2842 Meramec St.

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.