

FILED MAR 2 1943
Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:
3315 Caroline St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... 24 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... 100
(c) City or town... 3315 Caroline St. St. Louis 9/8
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Lottie Lou Sullivan

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

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

6. (b) Name of husband or wife Garrett 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased August 14 1899
(Month) (Day) (Year)

8. AGE: Years 43 Months 6 Days 26 If less than one day
.....hr.min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Unknown

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

14. Maiden name Etta Conklin

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

16. (a) Informant Wm. A. Sullivan

(b) Address 3227 Vista

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/43
(Month) (Day) (Year)

(c) Place: burial or cremation SunSet Cem.

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) EPD 17 1943 (b) J. J. Brubaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16
year 1943 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from Dec 1
1941, to Feb 16 1943
that I last saw her alive on Feb - 16 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic myocarditis
Chronic Nephritis

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death) 121

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 C. Basil Poore (M. D. or other)
Address 1730 Franklins Ave. Date signed 2-16-43

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

MOTHER FATHER

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 L.R. Cooper

Licensed Embalmer No. 3633

P. O. Address. 2317 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.