

FILED MAR 19 1943

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **ST. LOUIS**
(c) Name of hospital or institution: **2005 NORTH 14, ST. /**
(d) Length of stay: In hospital or institution..... **44 YEARS**
In this community..... **44 YEARS**

3. (a) PRINT FULL NAME **SARAH GULLION**

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. **MARRIED**

6. (b) Name of husband or wife..... **EDWARD GULLION** 6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased..... **JULY 2, 1890**

8. AGE: Years Months Days If less than one day
52 8 15 hr. min.

9. Birthplace..... **JOHNSON ILLINOIS /**

10. Usual occupation..... **AT HOME**

11. Industry or business.....

MOTHER FATHER { 12. Name **CHARLES PHELPS**
13. Birthplace..... **JOHNSON ILLINOIS /**
14. Maiden name..... **CASA BROWN**
15. Birthplace..... **JOHNSON ILLINOIS /**

16. (a) Informant **EDWARD GULLION**
(b) Address **2005 N. 14, ST.**

17. (a) **BURIAL** (b) Date thereof **3-20-43**
(c) Place: burial or cremation: **CALVARY CEMETERY**

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

19. (a) **MAR 19 1943** (Registrar's signature) **J. F. Bredeck**

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **MO.** (b) County..... **ST. LOUIS**
(c) City or town..... **ST. LOUIS**
(d) Street No. **2005 N. 14, ST.**
(e) Citizen of foreign country?..... (Yes or No) **0**
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **17**, year **1943** hour **6** minute **15 P.M.**

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Due to.....
Due to.....
Other conditions.....
Major findings:
Of operations.....
Of autopsy.....

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

23. Signature..... (M. D. or other).....
Date signed **3/18/43**

Conservation Officer

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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address *3840 Kundell*

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.