

FILED AUG 8 1944
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6653

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:
6008 Minnesota Ave./
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
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. 6008 Minnesota Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Edward Sullivan

3. (b) If veteran, name war. World War #1
3. (c) Social Security No. 495-26-9840

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

6. (b) Name of husband or wife Emma
6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased. September 7 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 10 19 hr. min.

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

10. Usual occupation. Stationary Fireman

11. Industry or business

MOTHER FATHER { 12. Name James Sullivan
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Koelling
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Sullivan
(b) Address 6008 Minnesota Ave.

17. (a) Burial (b) Date thereof 7/29/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Jeff. Bar. Nat. Cem.

18. (a) Signature of funeral director. Jas. P. Fenwick
(b) Address 7128 Michigan Ave

19. (a) Jul 28 1944 (b) J. F. Brennan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1944 hour 3.00 minute A. M.

21. I hereby certify that I attended the deceased from July 20 - 1944 to July 26 1944
that I last saw him alive on July 26 1944
and that death occurred on the date and hour stated above
Immediate cause of death Coronary Thrombosis Duration 44

Due to Arterio-Sclerosis

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:

(c) 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 J. B. Widge (M.D. or other) D.C.
Address 6419 A. W. Date signed 7-27-44

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

5/2/44

644

322 212 0000

STATEMENT BY LICENSED EMBALMER

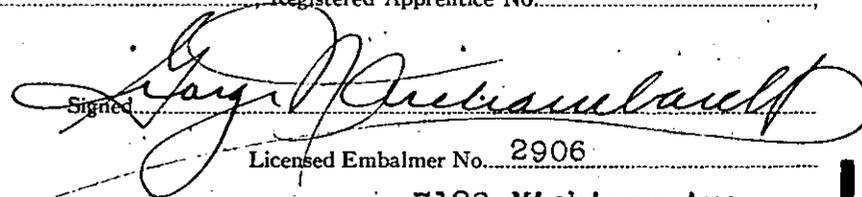
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. XXXXXXXX

working under my personal supervision.

Signed



Licensed Embalmer No. 2906

P.O. Address 7128 Michigan Ave.

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.