

FILED JAN 16 1945

State File No. _____

Registration District No. _____

Primary Registration District No. 5595

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Valley Park, Mo. #10 Dist
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.R.#1 - Valley Park
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Valley Park, RR#1
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDISON R. SULLENS

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

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

6. (b) Name of husband or wife Minnie Sullens 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 30 1888
(Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 20 If less than one day hr. _____ min. _____

9. Birthplace Jefferson Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Caretaker

11. Industry or business _____

12. Name Darius A. Sullens

13. Birthplace Jefferson Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Julia Bricker

15. Birthplace Franklin Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. P. Sullens
(b) Address Fenton, Mo.

17. (a) Burial (b) Date thereof 12-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Hill

18. (a) Signature of funeral director L. H. Bopp, Inc
(b) Address Kirkwood Mo.

19. (a) 12/21/44 (b) D. Sullens
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20 year 1944 hour 7:20 minute P M

21. I hereby certify that I attended the deceased from 5:30 PM 1944 to Dec 20 1944
that I last saw him alive on Dec 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis
Due to Rheumatism

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy NO

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? No

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. Walter (M. D. or other) _____
Address Fenton Mo Date signed 12-20-44

Duration 27M

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

5000

MOTHER, FATHER

1240

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-10-45

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 Van M. Simon

Licensed Embalmer No. 4343

P. O. Address 7415 Zephyr Pl
Hampden, Mo.

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.