

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED SEP 3 1945

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
511 N. Spring Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Alice Sullivan

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

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced S. (1)

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

7. Birth date of deceased Dec. 25th., 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>8</u>	<u>4</u>	hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

MOTHER, FATHER

11. Industry or business _____

12. Name John Sullivan

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

14. Maiden name Unknown

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

16. (a) Informant Mr. Chas. Wendel
(b) Address 511 N. Spring Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 18-1-45
(Month) (Day) (Year)

(c) Place: burial or cremation Cemetery

18. (a) Signature of funeral director Arthur J. Mueller
(b) Address 3850 Lindell Blvd.

19. (a) AUG 30 1945 (Date received from registrar) (b) J. F. Predeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17 19
(If outside city or town limits, write "RURAL")

(d) Street No. 511 N. Spring Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29th., year 1945 hour 5 minute 30 p.

21. I hereby certify that I attended the deceased from August 22-, 1945 to Aug 29, 1945; that I last saw her alive on Aug 29/45, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 12 days

Due to arterio sclerosis

Due to _____

Other conditions Chronic myocarditis unknown
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____ 938
Of autopsy _____

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? _____

Signature Dr. W. D. Lopez (M. D. or other) _____
Address 390 1/2 La Cleve Ave Date signed 8/29/45

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

60
17
9

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 Luedell Bl

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.