

**FILED** Dec 28 1945  
Registration District No. **318**

Primary Registration District No. **1003**

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:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 33 days  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 217  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2602 a Cass Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT Annie Sullivan  
FULL NAME

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

4. Sex Female 3 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased Jan. 22 1884  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	10	20	hr. min.

9. Birthplace Shelby County Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown Person  
13. Birthplace Unknown Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Julia Aughtry  
15. Birthplace Unknown Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Chester Helton  
(b) Address 1023 California Ave.

17. (a) Removal (b) Date thereof 12-15-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osceola Arkansas

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave.

19. (a) DEC 11 1945 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12  
year 1945 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from 10-19, 1945 to 12-12, 1945; that I last saw her alive on 12-12, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration Unk

Due to.....

Due to.....

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

Major findings:  
Of operations.....

Of autopsy Yes

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 B. H. Phillips (M. D. or other)  
Address 2601 N Whittier Date signed 12/13

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

**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

  
.....  
Licensed Embalmer No. 4259

P. O. Address 4107 7

**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.**