

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3081
3081

State File No. _____
Registrar's No. 9769

Registration District No. 3077 D 1 Primary Registration District No. 6-57-65594

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

1. PLACE OF DEATH:
(a) County JEFFERSON
(b) City or town RURAL - MERAMEC
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOSEPH ST. HILL INFIRMARY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 MONTHS 4 DAYS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County DADE
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5340 Wabasha
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DANIEL SULLIVAN
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 4
year 1945 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from July 31, 1945 to 12/10/45, 1945
that I last saw him alive on 12/4, 1945
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED
6. (c) Age of husband or wife if alive DEAD years
7. Birth date of deceased December 26 1868
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis Duration 9 1/2
Due to Cerebral arteriosclerosis
Cardiovascular disease
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 76 Months 10 Days 8
If less than one day hr. _____ min. _____

9. Birthplace Ireland (City, town, or county) (State or foreign country) 7
10. Usual occupation Clerk
11. Industry or business St. Louis Transfer Co.
12. Name Patrick Sullivan
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Anna Brogan
15. Birthplace Ireland (City, town, or county) (State or foreign country) 4

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Brother Roch, O.S.B.
(b) Address St. Joseph's Hill Infirmary
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 7th 45
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director Sullivan Bro's
(b) Address 2849 N. Euclid ave.
19. (a) 12-8-45 (Date received local registrar) (b) [Signature] (Registrar's signature)

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) _____
(a) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address 3155 No. Vandeventer Date signed 12/4/45

Valid

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 *John Ogroski*
Licensed Embalmer No. *3398*
P. O. Address.....

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.