

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

FILED APR 5 1946
318

Registration District No. _____ Primary Registration District No. _____

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:
4069 Cleveland Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John J. Sullivan

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 Married

6. (b) Name of husband or wife Margaret Sullivan 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased March 1, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>0</u>	<u>26</u>	hr. _____ min.

9. Birthplace Boston, Mass.
(City, town, or county) (State or foreign country)

10. Usual occupation Publisher

11. Industry or business _____

12. Name Cornelius Sullivan

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

14. Maiden name Don't know

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

16. (a) Informant Margaret Sullivan

(b) Address 4069 Cleveland Ave.

17. (a) Burial (b) Date thereof 3/30/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Bros.

(b) Address 2220 1/2 Grand Bl.

19. (a) MAR 29 1946 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 4069 Cleveland Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1946 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from August 2, 1929 to March 27, 1946;
that I last saw him alive on March 26, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis Duration 2 yrs

Due to Hypertension 3 years

Due to _____

Other conditions 131
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (c) Means of injury 0

23. Signature John Brudeck Date signed 3/28/46
Address 508 N. Grand B, vd.

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

MOTHER FATHER

200
17
170
J

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

*Dr. John Lawrence
Milton, Massachusetts*

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 *Larry A. Stewart*
Licensed Embalmer No. 3722
P. O. Address 412 Duchouquette St.

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.