

S. No. 2
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5-17-39
P 1 X47070

FILED FEB 17 1947
Registration District No. 318

Primary Registration District No. 1003

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

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: De Paul Hospital
(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 Helen Georgia Sullivan

3. (b) If veteran, name war No.

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Michael F. Sullivan

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July 8, 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

51 6 29 hr. min.

9. Birthplace: Grant City, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Vice President

11. Industry or business Mid West Shoe Supplies Co.

MOTHER FATHER { 12. Name Charles A. Van Cleave

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

{ 14. Maiden name Sarah Pavey,

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

16. (a) Informant Michael F. Sullivan

(b) Address 41 Berkshire, Richmond Heights, Mo.

17. (a) Burial (b) Date thereof 2/10/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Robert J. Ambruster, Inc.

(b) Address Clayton Rd. at Concordia Lane

19. (a) FEB 8 - 1947 (Date received by Registrar)

J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Richmond Heights 17
(If outside city or town limits, write "RURAL")

(d) Street No. 41 Berkshire
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7
year 1947 hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to February 7, 1947;
that I last saw her alive on February 6, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of ovaries with general metastases

Due to _____

Due to _____

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

Major findings: as above

Of operations _____

Of autopsy No autopsy

PHYSICIAN _____

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? _____

23. Signature Eugene J. Qualley (M. D. 2003)
Address Missouri Theater Bldg. Date signed 2/7/47

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.