

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **40043**
Registrar's No. **10143**

FILED NOV 28 1947

Registration District No. **318** 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:
Faith Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis** **96**
(c) City or town **Normandy**
(If outside city or town limits, write "RURAL")
(d) Street No. **3712 Melba Place**
N.R. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Patrick J. O'Sullivan**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **11**
year **1947** hour **2** minute **10 P** M.
21. I hereby certify that I attended the deceased from
Nov. 3, 1947, 19 to **Nov. 11, 1947**, 19
that I last saw him alive on **Nov 11, 1947**, 19
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mary Carroll**
6. (c) Age of husband or wife if alive **60** years
7. Birth date of deceased **April 2 1885**
(Month) (Day) (Year)

Immediate cause of death
Acute Pulmonary edema **11/11/47**
Due to **Acute Cardiac Dilatation** **11/11/47**
Due to **Parkinson disease**

8. AGE: Years Months Days If less than one day
62 **7** **9** hr. min.

Other conditions **Pylorospasm**
Gastric Ulcer
Major findings:
Of operations _____
Of autopsy _____

9. Birthplace **Unknown** **Ireland** **4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Mail Carrier**

11. Industry or business _____

12. Name **James O'Sullivan**

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

14. Maiden name **Bridget Carmody**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mary O'Sullivan**

(b) Address **3712 Melba Place**

17. (a) **Burial** (b) Date thereof **11-14-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Cullinane Bros.**

(b) Address **3320 N. Kingshighway Blvd.**

19. (a) **NOV 13 1947** **J. F. Brueckner**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **No**

(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 plate) Means of injury **0**

Signature **Nicholas W. Stale** (M. D. or other) **MD**

Address **3861 St. Louis Ave.** Date signed **11/12/47**

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

MAY 13 1948

AUG 8 1950

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.....

Fred Frick

Licensed Embalmer No. 3186

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.