

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 6733
1554

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) University City		d. STREET ADDRESS (If rural, give location) 7444 Wellington Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital							
3. NAME OF DECEASED (Type or Print) EARL		a. (First)		b. (Middle)		c. (Last) SULLIVAN	
4. DATE OF DEATH Feb. 17, 1949		(Month)		(Day)		(Year)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 6/1/16		8. DATE OF BIRTH Jan. 11, 1888	
9. AGE (in years last birthday) 61		IF UNDER 1 YEAR Months 1 Days 6		IF UNDER 11 HRS. Hours 6 Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ast. Gen'l Mgr.		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R. R. Co.		11. BIRTHPLACE (State or foreign country) Riverside, California		12. CITIZEN OF WHAT COUNTRY? /	
13a. FATHER'S NAME John Joseph Sullivan		13b. MOTHER'S MAIDEN NAME Mary Ellen Donnell		14. NAME OF HUSBAND OR WIFE Ethyl Stephens Boher			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Ethyl Sullivan, 7444 Wellington Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE CORONARY OCCLUSION				INTERVAL BETWEEN ONSET AND DEATH 11 DAYS	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c): _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION No operation				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 2/6 , 19 49 , to 2/17 , 19 49 , that I last saw the deceased alive on 2/17 , 19 49 , and that death occurred at 11:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Thomas J. Fitzpatrick, M.D. (Degree or title)				23b. ADDRESS 1755 S. Grand, St. Louis, Mo		23c. DATE SIGNED 2/17/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/19/49		24c. NAME OF CEMETERY OR CREMATORY Falls City		24d. LOCATION (City, town, or county) (State) Falls City, Neb.	
DATE REC'D BY LOCAL FEB 18 1949		REGISTRAR'S SIGNATURE J. B. Sasater		25. FUNERAL DIRECTOR'S SIGNATURE Robert [unclear] ADDRESS 6633 Clayton Rd.			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 18 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 _____

....., Student Embalmer No.
working under my personal supervision.

Signed.....
Student Embalmer

Signed *W. H. [Signature]*
Licensed Embalmer No. 1994

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.