

S. No. 300
V. 10. 48

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7017

4001

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

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 548	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn		c. LENGTH OF STAY (In this place) 4 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn		4. DATE OF DEATH (Month) (Day) (Year) Feb 27 1951	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6436 Perry Court				d. STREET ADDRESS (If rural, give location) 6436 Perry Court			
3. NAME OF DECEASED (Type or Print) a. (First) Catherine S. (Katie) b. (Middle) _____ c. (Last) Sullivan			4. DATE OF DEATH (Month) (Day) (Year) Feb 27 1951				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 31 1868	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 11 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME (Unknown)		13b. MOTHER'S MAIDEN NAME Slattery		14. NAME OF HUSBAND OR WIFE Catherine Meehan		14. NAME OF HUSBAND OR WIFE Thos. J. Sullivan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Aurea Sullivan		17. ADDRESS 6436 Perry Court			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) Myocardial Damage DUE TO (c) Chronic Bronchitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Aceles + Anasarca					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5021				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) (Min.)	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 12-1-1948 , to 2-27th 1951 , that I last saw the deceased alive on 2-27-1951 , and that death occurred at 3:45 m., from the causes and on the date stated above.							
23a. SIGNATURE Olson P. Harris M.D.			23b. ADDRESS 6826 Natural Bridge		23c. DATE SIGNED 3-1-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 2 51	24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis Mo.			
DATE REC'D BY LOCAL REG. 3-1-51	REGISTRAR'S SIGNATURE Herbert R. Dunke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Cullen Kelly 7267 Nat Bridge				

RWR (Licensed Embalmer's Statement on Reverse Side)

6826 N. W. Rivie

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.

Student
Student Embalmer

Signed

James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.