No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 13 1951

State File No. 28768

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7200

1. PLACE OF DEATH
a. COUNTY -- 2
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis Mo
c. LENGTH OF STAY (in this place) 13
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St.Louis State Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2139
d. STREET ADDRESS (If rural, give location) 5400 Arsenal (9) St Louis Mo 0

3. NAME OF DECEASED (Type or Print)
a. (First) EDWARD
b. (Middle)
c. (Last) SULLIVAN

4. DATE OF DEATH (Month) (Day) (Year) AUG. 29, 1951

5. SEX Male 0

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 0

8. DATE OF BIRTH 3-15-1900

9. AGE (In years last birthday) 51 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) St. Louis Mo 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Michael Sullivan

13b. MOTHER'S MAIDEN NAME Johanna McGrath

14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Mrs. J.Stone 5363 N.Euclid — ADDRESS

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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 1950x.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Epilepsy

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

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 4200

22. *I hereby certify that I attended the deceased from* July 10, 1950, *to* Aug. 29, 1951, *that I last saw the deceased alive on* Aug. 29, 1951, *and that death occurred at* 7:20p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) R. Norcallen M.D.

23b. ADDRESS 5400 Arsenal St

23c. DATE SIGNED 8/30/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9/1/51

24c. NAME OF CEMETERY OR CREMATORY Calvary

24d. LOCATION (City, town, or county) St.Louis Mo (State)

DATE REC'D BY LOCAL REG. AUG 30 1951

REGISTRAR'S SIGNATURE J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE Sullivan Funeral Dir. — ADDRESS 2849 N.Euclid

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Robert L Brinkman

Signed.....
Student Embalmer

Licensed Embalmer No. 3553

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.