300
48

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

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35663

BIRTH NO. 73130-51 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8872

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY:
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St Louis 2259
d. STREET ADDRESS (If rural, give location): 210 N. 17 St

3. NAME OF DECEASED (Type or Print): a. (First) Edward b. (Middle) c. (Last) Sullivan

4. DATE OF DEATH (Month) (Day) (Year): Oct. 5 1951

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept 23 1951
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days 13; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St Louis Mo
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME: Robert Sullivan
13b. MOTHER'S MAIDEN NAME: Mildred Wynn
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mildred Sullivan ADDRESS: 210 N. 12 St

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES

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

DUE TO (b) Undetermined

DUE TO (c) Infection of Umbilical Cord ~~Tetanus of the New Born~~

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Congestion of Brain — Undet.

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? 06 / X

22. *I hereby certify that I attended the deceased from* 10-2, *19*51, *to* 10-5, *19*51, *that I last saw the deceased alive on* 10-5, *19*51, *and that death occurred at* 10:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE: John H. Lewis (Degree or title) M. D.
23b. ADDRESS: 2601 N Whittier St
23c. DATE SIGNED: 10-8-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Buried
24b. DATE: 10 8 1951
24c. NAME OF CEMETERY OR CREMATORY: Oakdale
24d. LOCATION (City, town, or county) (State): Lemay Mo

DATE REC'D BY LOCAL REG. OCT 8 1951
REGISTRAR'S SIGNATURE: J. Earl Smith M.D. W.S.
25. FUNERAL DIRECTOR'S SIGNATURE: A. H. Burke ADDRESS: 212 Carroll

(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.....

NO Embalmer

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.