

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18600**
Registrar's No. **4240**

RECORDED MAY 19 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 2129</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>18 5022 a Delmar</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5022 a Delmar</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Sullivan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 4 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11-22-1884</u>	9. AGE (In years last birthday) <u>67</u>	10. IF UNDER 1 YEAR Days <u>6</u> Hours <u>12</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tile Setter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tile Setter</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John M. Sullivan</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna McCarthy</u>		14. NAME OF HUSBAND OR WIFE <u>Clarence Gifford</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If Yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John S. Sullivan</u> ADDRESS <u>5022 a Delmar</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-renal-vascular failure</u>		<u>20 min.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic congestive heart failure</u> DUE TO (c) <u>Diffuse myocardial damage</u>		<u>2-years</u> <u>4+ years</u>
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 <input type="checkbox"/> NO <input 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? <u>455-2</u>

22. I hereby certify that I attended the deceased from 4-9-1951, to 5-5-1952, that I last saw the deceased alive on 5-5-1952, and that death occurred at 12:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Raymond L. Emerson, M.D.</u>	23b. ADDRESS <u>5427 Delmar, St. Louis 12, Mo.</u>	23c. DATE SIGNED <u>5/6/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-7-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Palmyra</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>		

DATE REC'D BY LOCAL REG <u>MAY 6 1952</u>	REGISTRAR'S SIGNATURE <u>Carl Smith</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Muller</u> ADDRESS <u>504 Delmar</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *V E Morris*

Licensed Embalmer No. *3360*

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.