

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

30095

State File No.

8139

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 2269	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis /		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 26 4001a N. Broadway			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4001a N. Broadway				4. DATE OF DEATH (Month) (Day) (Year) August 27, 1952.					
3. NAME OF DECEASED (Type or Print) a. (First) Joseph		b. (Middle)		c. (Last) Sullivan					
5. SEX male 0		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Feb. 14, 1884			
9. AGE (In years last birthday) 68		if UNDER 1 YEAR Months		if UNDER 1 YEAR Days		if UNDER 2 HRS. Hours Mts.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Washington, D. C. /			
12. CITIZEN OF WHAT COUNTRY? U. S. A.				13a. FATHER'S NAME Patrick Sullivan		13b. MOTHER'S MAIDEN NAME unknown			
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) 11		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME Mrs. Lottie Flood				ADDRESS 4320 W. Florissant					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Chronic Nephritis Morbid conditions, if any, giving rise to the above cause (a) dating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 year 6 mos			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4222					
22. I hereby certify that I attended the deceased from June 2, 1952 to Aug 27, 1952 , that I last saw the deceased alive on Aug 19, 1952 , and that death occurred at 10:00pm. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J. C. Creame M.D.				23b. ADDRESS 2504 N. 14th		23c. DATE SIGNED 8-28-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-29-52.		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.			
DATE REC'D BY LOCAL REG. AUG 28 1952		REGISTRAR'S SIGNATURE J. C. Creame		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave.					

(Licensed Embalmer's Statement on Reverse Side)

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 Richard H Burnley
Licensed Embalmer No. 4207

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.