No. 500
10-48

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

FILED NOV 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 363013

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9420

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.
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): St. Anthony's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2159
d. STREET ADDRESS (If rural, give location): 4229 Beethovan

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

4. DATE OF DEATH (Month) (Day) (Year): Oct. 9, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Aug. 6, 1898
9. AGE (In years last birthday): 54 — 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): none-home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Illinois
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Herman Moellmann
13b. MOTHER'S MAIDEN NAME: Anna Hoelscher
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Margaret Grawe 4229 Beethovan

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) Carcinoma of cervix uteri — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES

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

19a. DATE OF OPERATION: 9/25/52
19b. MAJOR FINDINGS OF OPERATION: Gallbladder colectomy - Metastasis to liver
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?: 171X

22. I hereby certify that I attended the deceased from June 1, 1949, to Oct. 9, 1952, that I last saw the deceased alive on Oct 9, 1952, and that death occurred at 2:10 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Kenton M. Smith Jr. R.
23b. ADDRESS: 4145 S. Grand
23c. DATE SIGNED: 10/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-13-52
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olive Cem.
24d. LOCATION (City, town, or county) (State): Lemay 23, Mo.

DATE REC'D BY LOCAL REG.: OCT 14 1952
REGISTRAR'S SIGNATURE: J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Southern Funeral Home 6322 S. Grand Blvd.
(Licensed Embalmer's Statement on Reverse Side)

Dr. R. M. Smith,
4145 S. Grand Bl
2 to 5 p.m. Pl. 9600

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 David Van Fossan

Licensed Embalmer No. 4342

P. O. Address 6322 So Grand

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.