

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3395

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 258

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u>		c. CITY OR TOWN <u>Normandy</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's</u>		STREET ADDRESS (If rural, give location) <u>3715 St. Ann's Lane</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Iva</u>	b. (Middle) _____	c. (Last) <u>O'Sullivan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 30 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>March 16, 1902</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Hours _____	IF UNDER 1 MIN. Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Nursing Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Daniel O'Sullivan</u>	13b. MOTHER'S MAIDEN NAME <u>Katie Jane Williams</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>499-34-5088</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James O'Sullivan</u>	ADDRESS <u>3709 Manola</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial infarction?</u>		MEDICAL CERTIFICATION <u>myocardial infarction?</u>	INTERVAL BETWEEN ONSET AND DEATH <u>Rare</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u>			
	DUE TO (c) <u>arteriosclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>hypertension</u>				

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from June 19, 1955 to Jan 30, 1955, that I last saw the deceased alive on Jan 29, 1955, and that death occurred at 2:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. M. D. Kender</u>	(Degree or title) _____	23b. ADDRESS <u>416 Kender</u>	23c. DATE SIGNED <u>1/31/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 1, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hills Gardens</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-1-55</u>	REGISTRAR'S SIGNATURE <u>Hubert R. Dombke M.D.</u>	25 FUNERAL DIRECTOR'S SIGNATURE <u>Cullen & Kelly</u>	ADDRESS <u>7267 Natural Bridge</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAN 10 10 1966

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 Signature of Student Embalmer

Signed *Bill C. Dranson*

Licensed Embalmer No. *476*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.