

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10028**
Registrar's No. **2148**

FILED MAR 31 1955

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 10028		Registrar's No. 2148	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				e. STREET ADDRESS (If rural, give location) 5814 Maple Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) _____ c. (Last) O'Sullivan			4. DATE OF DEATH (Month) (Day) (Year) March 7 1955						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Sept. 5, 1888		9. AGE (In years last birthday) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Driver			10b. KIND OF BUSINESS OR INDUSTRY Public Service			11. BIRTHPLACE (City and State or Foreign Country) Cork, Ireland		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Cornelius O'Sullivan			13b. MOTHER'S MAIDEN NAME Mary Kelleher			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 494201-0851		17. INFORMANT'S SIGNATURE OR NAME Cornelius O'Sullivan			ADDRESS 1028 Fairmount		
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Schistocytic Heart Disease				INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Toxemia secondary to DUE TO (c) Renal transplant followed by urinary fistula					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION 1/17/55		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Bladder						20. AUTOPSY? YES <input checked="" 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) (m.) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 181X							
22. I hereby certify that I attended the deceased from 1/9, 1955 , to 3-7-1955 , that I last saw the deceased alive on 3-6-1955 , and that death occurred at 12:30 AM , from the causes and on the date stated above.									
23a. SIGNATURE Carl J. Ker, M.D.				23b. ADDRESS 18 St. Kingshighway		23c. DATE SIGNED 3-8-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-9-1955		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo			
DATE REC'D BY LOCAL REG. MAR 8 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Cullinane Bros.		ADDRESS 3320 N. Kingshighway			

S.P. (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.....
Signature of Student Embalmer

Signed *Fred Frick*.....

Licensed Embalmer No.....3189

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