

FILED OCT 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31808**

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 544	Registrar's No. 2128
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		c. LENGTH OF STAY (in this place) 2 Days		c. CITY OR TOWN Kirkwood 479
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		• STREET ADDRESS (If rural, give location) 506 Willow Lane		
3. NAME OF DECEASED (Type or Print) a. (First) ALICE		b. (Middle) E.		c. (Last) SULLIVAN
4. DATE OF DEATH (Month) (Day) (Year) Sep. 10 1955				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 16, 1909	9. AGE (In years last birthday) 45
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady-Stix Baer & Fuller		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Winfield Morrison		13b. MOTHER'S MAIDEN NAME Ethel Carroll		14. NAME OF HUSBAND OR WIFE Thomas J. Sullivan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 492-24-9177		17. INFORMANT'S SIGNATURE OR NAME Thomas J. Sullivan ADDRESS 506 Willow Lane
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) Carcinomatosis, generalized ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown DUE TO (c) unknown II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.?
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 8 Sept, 1955 , to 10 Sept, 1955 , that I last saw the deceased alive on 10 Sept, 1955 , and that death occurred at 8:10 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE J. H. Barnett M.D. (Degree or title)		23b. ADDRESS 9929 Manchester Rd Kirkwood, Mo.		23c. DATE SIGNED 9-12-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sep. 13, 1955		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.				
DATE REC'D BY LOCAL REG. 9-12-55		REGISTRAR'S SIGNATURE Herbert R. Donahue M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl.

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 *Will A. Schumann*.....
Licensed Embalmer No. *453*.....

P. O. Address

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.