

FILED OCT 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35210**
Registrar's No. **8823**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>3 weeks</u>	c. CITY OR TOWN <u>Richmond Heights</u> 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 <u>Lutheran Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>7455 Warner Ave.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Margaret</u>	b. (Middle) <u>Mary</u>	c. (Last) <u>Sullivan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 9 1955</u>
-------------------------------------	----------------------------	-------------------------	---------------------------	--

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>July 27 1906</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
----------------------	-------------------------------	--	--------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk & Typist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Manf. Supplies Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>Wm. Sullivan</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Devaney</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
--	--	---

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>490-20-5094</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Sullivan</u>	ADDRESS <u>7455 Warner</u>
--	--	---	----------------------------

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) <u>Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of breast</u>		
	DUE TO (c) <u>Chronic myocarditis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>170x</u>	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?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 9/18, 1955, to 10/8, 1955, that I last saw the deceased alive on 10/8, 1955, and that death occurred at 12:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Hugh R. Smith M.D.</u>	23b. ADDRESS <u>607 N. Grand</u>	23c. DATE SIGNED <u>10/10/55</u>
--	----------------------------------	----------------------------------

24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 11 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>OCT 10 1955</u>	REGISTRAR'S SIGNATURE <u>Carl Smith mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Dockery</u>	ADDRESS <u>6536 Clayton Rd</u>
---	--	---	--------------------------------

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 *John S. Renner*.....

Licensed Embalmer No. *419*.....

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.