

FILED SEP 18 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH34202  
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8518

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Clayton 41000		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital			Length of stay in lb 6 hrs		d. STREET ADDRESS (If outside, give location) 55 Tealwood
3. NAME OF DECEASED (Type or print) First Middle Last DANIEL B SULLIVAN			4. DATE OF DEATH Month Day Year September 10, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 14, 1900		9. AGE (In years last birthday) 57
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Treasurer of The Wohl Shoe Co.		10b. KIND OF BUSINESS OR INDUSTRY Chicago, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Daniel Sullivan			14. MOTHER'S MAIDEN NAME Clara Fields		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW - I		16. SOCIAL SECURITY NO. 494-09-5152		17. INFORMANT Address Mrs. Lillian Sullivan 55 Tealwood	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ventricular tachycardia + fibrillation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerotic coronary disease</u> DUE TO (c) <u>Hypertension + arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 420.1					INTERVAL BETWEEN ONSET AND DEATH 1 hour 5 yrs 10 yrs
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>57</u> to <u>death</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>9/10/57</u> Death occurred at <u>1:00</u> <u>A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Robert Davis MD</u>			22b. ADDRESS <u>3720 Washington</u>		22c. DATE SIGNED <u>9/10/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9/11/57		23c. NAME OF CEMETERY OR CREMATORY Du Quoin City Cemetery	
				23d. LOCATION (City, town, or county) (State) Du Quoin, Illinois	
24. FUNERAL DIRECTOR ADDRESS C. R. Lupton & Sons 7233 Delmar			25. DATE RECD. BY LOCAL REG. SEP 11 57		26. REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>

(Licensed Embalmer's Statement on Reverse Side)

300  
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to "natural causes." Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

3720 Washington  
St. - 1 - 8940 + St. - 1 - 8955  
Office 1:30 PM  
Dr. Fisher

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Arnold W. Schoene*

Licensed Embalmer No. 38

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.