

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 29 1957

State File No. **38211**  
Registrar's No. **9728**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>9728</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give city or town <b>St. Louis</b> )		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>St. Louis</b>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>01 1314 Glasgow</b>				e. STREET ADDRESS (If rural, give location) <b>g 21 1314 Glasgow</b>			
3. NAME OF DECEASED (Type or Print) <b>Lottie Sullivan</b>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 14, 1957</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov. 8, 1905</b>	
9. AGE (In years last birthday) <b>51</b>		10. MONTHS <b>11</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Quincey, Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		13a. FATHER'S NAME <b>Otto McDonald</b>		13b. MOTHER'S MAIDEN NAME <b>Houghty Brown</b>	
13c. NAME OF HUSBAND OR WIFE <b>Odie Sullivan</b>		14. NAME OF HUSBAND OR WIFE <b>Odie Sullivan</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Odie Sullivan</b>		17. ADDRESS <b>1314 Glasgow</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Apoplexy</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES				DUE TO (b) <b>Hypertension</b>		DUE TO (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.				DUE TO (b) _____		DUE TO (c) _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>334X</b>		20. AUTOPSY? <b>2</b>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		21d. (COUNTY) _____	
21e. (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 <b>10/10, 1957</b> , to <b>10/14, 1957</b> , that I last saw the deceased alive on <b>10/14, 1957</b> , and that death occurred at <b>5:30</b> p. m., from the causes and on the date stated above.							
23a. SIGNATURE <b>[Signature]</b>				23b. ADDRESS <b>3136 Chautauon</b>		23c. DATE SIGNED <b>10/15/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>10/21/57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		24d. LOCATION (City, town, or county) (State) <b>Berkley, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>OCT 17 57</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>1221 N. Grand Blvd.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.....*Lawrence Crooms*

Licensed Embalmer No. *475*

P. O. Address *1271 N. Gra*

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.