

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11801 STATE FILE NUMBER -60-042627

FILED TO REG 1 & 1960

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		a. STATE MISSOURI b. COUNTY St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL		c. CITY OR TOWN Jennings ST. LOUIS	
Length of stay in 1b 8 DAYS		d. STREET ADDRESS (If outside, give location) 5246 Hodiament Avenue	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last DANIEL J. SULLIVAN			4. DATE OF DEATH Month Day Year DECEMBER 6, 1960		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7-8-94	9. AGE (last birthday) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER (retired)		10b. KIND OF BUSINESS OR INDUSTRY Cornelli Seed Co	11. BIRTHPLACE (City and state or country) DECATUR, ILLINOIS	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME WILLIAM SULLIVAN		13b. MOTHER'S MAIDEN NAME MATILDA ELY		14. NAME OF HUSBAND OR WIFE -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWT		16. SOCIAL SECURITY NO. 492-10-4126	17. INFORMANT DONALD J. SULLIVAN, 5246 HODIAMONT, Address JENNINGS, MO.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEMORRHAGE, MASSIVE		INTERVAL BETWEEN ONSET AND DEATH MINUTES
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) INVASIVE SQUAMOUS CARCINOMA TONSIL	6 MONTHS
	DUE TO (c) 145.0	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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
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21. Attended the deceased from 11-28-60 to 12-6-60 and last saw ^{her} him alive on 12-6-60	
Death occurred at 6:10 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.	

21a. SIGNATURE Alexander Math Hermann M.D.	21b. ADDRESS VAH, ST. LOUIS, MO.	21c. DATE SIGNED 12-6-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec 9 1960	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson Barricks, Missouri
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24. FUNERAL DIRECTOR Math Hermann & Son, I.c., 2161 E. Fair Av	25. DATE RECD. BY LOCAL REG. DEC 8 1960	26. REGISTRAR'S SIGNATURE Karl Smith M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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