

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

8558

-62-032950

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8558

FILED SEP 10 1962

VS 300 Rev. 4/59
1
2 21
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4 1
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12 90-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Length of stay in 1b	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3676a Arsenal St.				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3676a Arsenal St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Mary A. Sullivan			4. DATE OF DEATH Month Day Year Sept. 3, 1962			5. SEX female		6. COLOR OR RACE white	
7. Married <input type="checkbox"/> Widowed <input type="checkbox"/>		8. Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Jul. 19, 1878		9. AGE (last birthday) 84		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Patrick O'Donnell			13b. MOTHER'S MAIDEN NAME Cora Cox			14. NAME OF HUSBAND OR WIFE Jeremiah Sullivan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT Edward Sullivan		Address St. Louis, Mo. 3676a Arsenal		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Stroke, Hemorrhage, Acute DUE TO (b) Hypertension, Arterial, severe DUE TO (c) Atherosclerosis, general, mod. severe									INTERVAL BETWEEN ONSET AND DEATH 10 min. 20 yrs 15 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
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.)					
20c. TIME OF INJURY Hour Month, Day, Year 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>Mar 28 1962</u> to <u>Sept 3 1962</u> and last saw her alive on <u>Sept. 2 1962</u> Death occurred at <u>230 a.m. 9/2/62</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Roan L. Ramoz M.D.				(Degree or title)		22b. ADDRESS 32011(a) So. Grand Blvd		22c. DATE SIGNED 9/4/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-6-62		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.		23d. LOCATION (City, town, or county) St. Louis County, Mo.		(State)	
24. FUNERAL DIRECTOR Southern Funeral Home 6322 S. Grand, St. Louis, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. SEP 4 1962		26. REGISTRAR'S SIGNATURE Roan Smith, M.D.	

Grand
Wyoming

Dr Ramos

130 x 300

Pr 2-22-62

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 David Van Brossan

Licensed Embalmer No. 4242

P. O. Address St Louis 506

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.