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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4329

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1159

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Josephine Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution four weeks (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3970 a Cleveland
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary O'Brien Sullivan

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Sullivan

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased July 20, 1868 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
71	6	14	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housework

11. Industry or business at home

FATHER
12. Name James O'Brien
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Dont know
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant John Sullivan
(b) Address 3970 a Cleveland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thos J Fulcan
(b) Address 1519 So. Grand Blvd

19. (a) FEB 5 1940 (Date received local registrar) (b) J F Bradbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4
year 1940 hour 7 minute 35 A M.

21. I hereby certify that I attended the deceased from December 15 1939 to February 4 1940
that I last saw her alive on February 2 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction caused by fibrous bands at Sigmoid non malignant

Due to As stated

Due to

Other conditions General Peritonitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations As stated above; also several perforations of colon
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature H Louis Schuchat (M. D. ~~or other~~)
Address 2200 Chouteau ave Date signed 2-5-40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Thomas J Finan

Licensed Embalmer No. 1197

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.