

OPEN MAR 25 1941

Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hosp # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Life (Specify whether years, months or days)

8. (a) PRINT FULL NAME Maurice Leo Sullivan

3. (b) If veteran, name war None 8. (c) Social Security No. 494-10-4381

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 22, 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation manager

11. Industry or business Postal Telegraph

MOTHER FATHER { 12. Name John Sullivan
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Johanna McCarthy
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Dennis Lawlor
(b) Address 5559 Labadie

17. (a) burial (b) Date thereof Feb. 14, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Harrigan-Sheahan
(b) Address 4415 Washington Blvd.

19. (a) FEB 13 1941 (b) J. T. Bradeck
(Date recorded by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1719
(If outside city or town limits, write "RURAL")
(d) Street No. 4523 Laclede 9
(If rural, give location)
(e) If foreign born, how long in U.S. Life years

20. DATE OF DEATH: Month Feb. day 11
year 1941 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Due to Chronic Myocarditis
Due to Coronary Atherosclerosis

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 131
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (f) Means of injury 3

23. Signature Alfred Berry (M. D. or other) _____
Address Cape Girardeau Date signed 2/13/41

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

Homer N. Fritz

Licensed Embalmer No.

38820

P. O. Address

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