. No. 2
-4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5466 1714

Registration District No. 791 | Primary Registration District No. | Registrar's No.

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

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St Louis Mo 17 11 (If outside city or town limits, write "RURAL")

(d) Street No. 3960a North Market (If rural, give location)

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

3. (a) PRINT FULL NAME ANNA SULLIVAN

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. 10, 1874 (Month) (Day) (Year)

8. AGE: Years 66 | Months 2 | Days 12 | If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

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

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

16. (a) Informant Loretta Thornhill

(b) Address 3960a North Market

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Jos. J. Quinn

(b) Address 1389 Union av.

19. (a) (Date received by registrar) FEB 23 1941 (b) J. N. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22 year 1941 hour 1 minute 9 M.

21. I hereby certify that I attended the deceased from Jan 1939, 19, to Feb 22, 1941; that I last saw her alive on 2/21, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	2 days
Due to Hypertension	5 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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 J. J. Hennelly (M. D. or other)

Address 3150 Grand Date signed 2/22/41

(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.....

Licensed Embalmer No. 15-91

P. O. Address 4106 9 Botanica

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

If this body is not embalmed, fact should be so stated above.