

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16364
Registrar's No. 3882

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days
In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 1720
(If outside city or town limits, write "RURAL")
(d) Street No. 1509 N. 23 St 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dan Sullivan
(b) If veteran, name war no
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 6th
year 1941 hour 5 minute 20 A.M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced single
(b) Name of husband or wife _____
(c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from April 14th 1941 to May 6th 1941
that I last saw him alive on May 6th 1941
and that death occurred on the date and hour stated above.

7. Birth date of deceased unknown unknown 1881
(Month) (Day) (Year)
8. AGE: Years 60 Months - Days - If less than one day hr. min.

Immediate cause of death Pulmonary Tuberculosis
Due to _____
Due to _____

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Common Laborer

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations 22
Of autopsy 10

11. Industry or business _____
12. Name Cornelius Sullivan
13. Birthplace unknown 9 unknown
(City, town, or country) (State or foreign country)
14. Maiden name unknown unknown
15. Birthplace unknown 9 unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Rev. Michael Bresnahan
(b) Address 2331 Mullanphy St
17. (a) burial (b) Date thereof May 27 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Bookhold Bookhold
(b) Address 2228 St. Louis Ave
19. (a) MAY 7 1941 (b) J. W. Bredek
(Date received local authority) (Registrar's signature)

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) (e) Means of injury 0
23. Signature M. M. Karel (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 5/6/41

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

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

Charles Goodhart Jr

Licensed Embalmer No. *2277*

P. O. Address *St. Louis Mo*

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, fact should be so stated above.