No. 2
4-13-40
5-17-39
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FILED JUN 6 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19069

Registration District No. 784 Primary Registration District No. 115 Registrar's No. 948

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

1. PLACE OF DEATH:
(a) County Saint Louis
(b) City or town University City.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 860 Pennsylvania Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 860 Pennsylvania Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

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3. (a) PRINT FULL NAME Ella Sullivan.
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife James Sullivan
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased July (Month) 24 (Day) 1872 (Year)

8. AGE: Years 68 Months 9 Days 11 If less than one day hr. min.

9. Birthplace Trinity (City, town, or county) Louisana (State or foreign country)
10. Usual occupation At Home
11. Industry or business
MOTHER FATHER
12. Name Jacob Brosan
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Johnston
15. Birthplace (City, town, or county) Virginia (State or foreign country)
16. (a) Informant Mrs. J. C. Maness
(b) Address 860 Pennsylvania Ave.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 5-6-41 (Month) (Day) (Year)
(c) Place: burial or cremation New Orleans, La.
18. (a) Signature of funeral director C.R.Lupton & Sons
(b) Address 7233 Delmar Blvd.
19. (a) MAY - 5 1941 (Date received local registrar) (b) T. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th year 1941 hour 11: minute 20, A. M.

21. I hereby certify that I attended the deceased from April 13, 1940, to May 5, 1941; that I last saw her alive on April 26, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	5 minutes
Due to Hypertension	2 years
Due to arteriosclerosis	
Other conditions Carcinoma of vagina and floor of bladder (Include pregnancy within 3 months of death)	6 mo

Major findings:
Of operations
Of autopsy 490

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 Harry W Wiese M.D. (M. D. or other)
Address 2301 So Kingshighway Date signed 5/5/41

(Licensed Embalmer's Statement on Reverse Side)

Office Dr. Harry Wiese
2301 So. Kingshighway Pr. 7422

Home 343 W Jackson Republic 4022
HRS.- 1to5 P.M.

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 Clarence H. Mur

Licensed Embalmer No. 4011

P. O. Address St. Louis

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.