. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22773

Registration District No. 784 Primary Registration District No. 700 Registrar's No. 1339

1. PLACE OF DEATH:

(a) County ST. LOUIS COUNTY

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

(c) Name of hospital or institution: ST. VINCENT INSTITUTION 2
(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 MO. (b) County ST. LOUIS 96

(c) City or town [illegible] 10
(If outside city or town limits, write "RURAL")

(d) Street No. 747 AUBERT AVE. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME SYLVESTER P. SULLIVAN

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife MARY LAMBERT SULLIVAN

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

7. Birth date of deceased UNKNOWN (Month) (Day) 1874 (Year)

8. AGE: Years 67 Months UNKNOWN Days If less than one day ..... hr. ..... min.

9. Birthplace ST. LOUIS (City, town, or county) 0 MISSOURI (State or foreign country)

10. Usual occupation STOCK ROOM

11. Industry or business ST. VINCENT INSTITUTION

FATHER
12. Name John Sullivan
13. Birthplace (City, town, or county) 4 Ireland (State or foreign country)

MOTHER
14. Maiden name MARY BOYLE
15. Birthplace (City, town, or county) 4 IRELAND (State or foreign country)

16. (a) Informant ROBERT SULLIVAN
(b) Address 5212 CABANNE AVE.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-28-41 (Month) (Day) (Year)
(c) Place: burial or cremation MOUNT OLIVE CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 LINDELL BLVD.

19. (a) JUN 27 1941 (Date received local registrar) (b) T. R. Meyer M.D. Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 25 year 1941 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1941 to June 25 1941 that I last saw him alive on May 26/41 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	
Due to [illegible]	
Due to	
Other conditions hypertension (Include pregnancy within 3 months of death) myocarditis chronic	
Major findings: Of operations	
Of autopsy	

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. M. Black (M.D. or [illegible]) 0
Address 705 N. Kingshighway Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

705 N King Street
1 Pm

Cause Common & Random

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.