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FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23217

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5569

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution:
4309 N. Newstead 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) 1

3. (a) PRINT FULL NAME Jane Rose Sullivan

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife John Sullivan

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

7. Birth date of deceased May 31st. 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>1</u>	<u>3</u>	_____ hr. _____ min.

9. Birthplace Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name James Mahon

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Judge

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Loretta Smith

(b) Address 4309 N. Newstead Ave.

17. (a) Burial (b) Date thereof 7-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Parrot Urd Co.

(b) Address 3210 E. Grand Blvd.

19. (a) JUL 6 1941 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 107
(If outside city or town limits, write "RURAL")

(d) Street No. 4309 N. Newstead Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd.
year 1941 hour 8.00 minute P. M.

21. I hereby certify that I attended the deceased from Jan
_____, 1941, to July 3, 1941;
that I last saw her alive on July 20, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Distal Atherosclerosis of the heart with Chr. Myocarditis

Due to _____

Due to _____

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy ASU

Duration _____

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? _____

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

23. Signature [Signature] (M. D. or other) [Signature]

Address 4901 E. [Signature] Date signed 7/5/41

9. V. Hendrick
4901 Easton
1-2-80
No 0086

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

A. A. Smith

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand

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

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