No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED OCT 28 1941

Registration District No. 184

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36121

Primary Registration District No. 200

Registrar's No. 2157

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution:
Veterans Administration Facility ()
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 10/18/41. (Specify whether
In this community Since 10/18/41.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 81

(c) City or town St. James 3
(If outside city or town limits, write "RURAL")

(d) Street No. Soldiers' and Sailors' Home 0
(If rural, give location)

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

If yes, name country -

3. (a) PRINT FULL NAME John W. Sullivan

3. (b) If veteran, name war World

3. (c) Social Security No. None.

4. Sex male ()

5. Color or race white

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

6. (b) Name of husband or wife Rose

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

7. Birth date of deceased August (Month) 22, (Day) 1895 (Year)

8. AGE:	Years	Months	Days	If less than one day
	46	2	1	hr. min.

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

10. Usual occupation Accountant

11. Industry or business -

FATHER
12. Name John W. Sullivan
13. Birthplace St. Louis () Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Russie Thurmond
15. Birthplace Lynchburg, / Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Abel Selvage
(b) Address Actg. Cl. Clerk, VAF, Jeff. Bks., Mo.

17. (a) (Burial, ~~cremation or removal~~) (b) Date thereof 10/25/41 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Trout & Carroll
(b) Address 4600 Natl Bridge

19. (a) OCT 23 1941 (Date received local registrar) (b) E. G. McGarvan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23rd, year 1941 hour 6:05 minute a.M.

21. I hereby certify that I attended the deceased from October 18, 1941 to October 23, 1941 that I last saw him alive on October 23, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Appendicitis, acute, gangrenous, ruptured, 10/16/41.

Due to

Due to

Other conditions None.
(Include pregnancy within 3 months of death)

Major findings:
Of operations Operation performed 10/18/41

Of autopsy No autopsy.

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) no.

(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 L. M. COCHRAN, M.D., (M. D. or other)

Address Chief Medical Officer. Date signed 10/23/41

(Licensed Embalmer's Statement on Reverse Side)

NOV 18 1948

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. 2265

P. O. Address 460 Hot Springs.

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.