

FILED FEB 24 1942 791

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 391

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anns Home 5301 Page 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)

3. (a) PRINT FULL NAME MARY A. SULLIVAN

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William A. Sullivan 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased About 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 78 hr. min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown O'Brien
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant James Sullivan
(b) Address Chicago, Ill.

17. (a) Burial (b) Date thereof 1/14/42
(Burial, cremation, or removal) (Month) (Day) (Year)
Calvary
(c) Place: burial or cremation

18. (a) Signature of funeral director [Signature]
(b) Address 2117 E. Grand Blvd.

19. (a) JAN 13 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5301 Page Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12
year 1942 hour 8 minute 15

21. I hereby certify that I attended the deceased from JAN 11-12-42
_____ 19____ to JAN 12, 1942
that I last saw her alive on JAN 12, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute lobar pneumonia Duration 1 WK

Due to PT Bact

Due to Aspirin poisoning Duration 10 hrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 108 Of autopsy _____
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) (c) Means of injury _____
23. Signature F. J. [Signature] (M. D. or other) _____
Address 4114 West Florissant Date signed 1/12/42

WRITE PLAINLY—USE FADING 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

Frank A. Moore

Licensed Embalmer No.

3041

P. O. Address

2117 E. Grand

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, above space should be left blank.