S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9278

FILED APR 13 1942 791

Registration District No.

Primary Registration District No. 1003

Registrar's No. 2816

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

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17
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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: 3505 UTAH ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 16 000 17 9

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 3505 UTAH. ST.
(If rural, give location)

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

If yes, name country D

3. (a) PRINT FULL NAME GENEVIEVE SULLIVAN.

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ MARRIED

6. (b) Name of husband or wife DANIEL J. SULLIVAN

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased FEBRUARY (Month) 24 (Day) 1883 (Year)

8. AGE: Years 59 | Months 1 | Days 4 | If less than one day hr. min.

9. Birthplace ST. GENEVIEVE (City, town, or county) MISSOURI (State or foreign country) D

10. Usual occupation HOUSEKEEPER.

11. Industry or business OWN

FATHER
12. Name KILLIAN GRIESHABER
13. Birthplace ST. GENEVIEVE (City, town, or county) MO. (State or foreign country) D

MOTHER
14. Maiden name PAULINE SCHILLI.
15. Birthplace ST. GENEVIEVE (City, town, or county) MO. (State or foreign country) D

16. (a) Informant Daniel J. Sullivan

(b) Address 3505 Utah St.

17. (a) ~~Burial~~ - Removal (Burial, cremation, or removal) (b) Date thereof MARCH-31-1942 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY AT ST. GENEVIEVE, MO.

18. (a) Signature of funeral director E. J. Schnur.

(b) Address 3125 Lafayette Av.

19. (a) MAR 30 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 28 year 1942 hour 8 minute 15 p M.

21. I hereby certify that I attended the deceased from September 15, 1942, to death, 19 ; that I last saw her alive on ~~Apr~~ March 28, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, desc colon c. Metastasis to lung.

Due to

Due to

Other conditions Terminal bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of 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)

(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 Charles B. Sudan (M. D. ~~or other~~)

Address 3720 Washington Date signed 3.30.42

(Licensed Embalmer's Statement on Reverse Side)

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~~ .....

Jos B Wollmer, Registered Apprentice No. .....

working under my personal supervision.

Signed Jos B Wollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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.