

FILED JUN 22 1942

State File No. _____
 Registrar's No. 5090

Registration District No. _____

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
4745 Dahlia Ave.
(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 Mo. (b) County 000

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

(d) Street No. 4745 Dahlia Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary Sullivan

3. (b) If veteran, name war None

3. (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 Late William Sullivan

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

7. Birth date of deceased: Apr. 21st 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>8</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business Housewife

MOTHER FATHER

12. Name James Dorsey

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

14. Maiden name Mary Kneefe

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

16. (a) Informant Miss Geo. P. Smith

(b) Address 4745 Dahlia Ave

17. (a) Burial (b) Date thereof 6-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wiegandsey Martineau

(b) Address 4228 So. Kingshighway

19. (a) JUN 1 1942 (b) J. F. Blodgett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th
 year 1942 hour 5:05 minute AM M.

21. I hereby certify that I attended the deceased from May 28, 1942, to June 10, 1942
 that I last saw hu alive on June 9, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death:

Chronic Myocardia

Due to arterio Sclerosis

Due to Hypertension

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

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 H. Schumacher (M. D. or other) 0
 Address 6811 1/2 Groves Date signed 6/11/42

Mr. A. C. Schmeisser
6811A Kansas
9-10-82-3 FL 4272
FL 0034

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

Edwin W. Mc Dermott

Licensed Embalmer No.

3024

P. O. Address

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.