S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26229

State File No.

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 7393

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. Johns Hospital ()
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Macoupin 999

(c) City or town Gillespie NR
(If outside city or town limits, write "RURAL")

(d) Street No. 511 Broadway
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Edith Henrietta Sullivan

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Maurice

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased June (Month) 12 (Day) 1907 (Year)

8. AGE: Years 35 Months 2 Days 19 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name T. W. Stehlin
13. Birthplace Staunton, Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Edith Ross
15. Birthplace Virden, Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Maurice Sullivan
(b) Address Gillespie, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/4/42 (Month) (Day) (Year)
(c) Place: burial or cremation Gillespie, Illinois

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Ave.

19. (a) SEP 3 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1st.
year 1942 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Aug 28, 1942 to Sept 1, 1942
that I last saw him alive on Sept 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism

Due to Subacute endocarditis

Due to

Other conditions — (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 Matthew W. Weis MD (M. D. or other)
Address 634 No Grand - St Louis Mo Date signed 9/3/42

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Welford G Burnley

Licensed Embalmer No. 4202

P. O. Address St Louis Mo.

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.