S. No. 2
M—5-42
v. 5-17-39
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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

FILED JAN 13 1943

State File No. 42085

Registration District No. 784 Primary Registration District No. 11 Registrar's No. 2764

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7211 Dale Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Forty-TwO Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96 8
(c) City or town Richmond Heights 3
(If outside city or town limits, write "RURAL")
(d) Street No. 7211 Dale Avenue
(If rural, give location)
(e) Citizen of foreign country? None (Yes or No)
If yes, name country None 0

3. (a) PRINT FULL NAME James Edward Sullivan

3. (b) If veteran, name war Present War. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased July (Month) 3rd. (Day) 1898 (Year)

8. AGE:

Years	Months	Days	If less than one day
44	5	21	xx hr. xx min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Steamfitter

11. Industry or business Heating

FATHER
12. Name Thomas Joseph Sullivan
13. Birthplace Niagara Falls (City, town, or county) New York (State or foreign country) 1

MOTHER
14. Maiden name Katherine R. Flanagan
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Thos J. Sullivan
(b) Address 7211 Dale Avenue, R. H. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem. St. Louis

18. (a) Signature of funeral director Watson Bocklage
(b) Address 6536 Clayton Road Funeral Home

19. (a) DEC 26 1942 (Date received local registrar) (b) C. G. McHerran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24th.
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from June, 1938, to December 23, 1942
that I last saw him alive on Dec 23, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	4 yrs.
Due to: Obesity	20 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d

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 B. D. Coughlin (M. D. or other) M.D.
Address 113 Bellevue Date signed 12/26/42

(Licensed Embalmer's Statement on Reverse Side)

JAN 13 1949

AUG 21 1944

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 G. W. Wilkinson

Licensed Embalmer No. 3575

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.