

State File No.

Registrar's No.

ED MAY 1 1943

Registration District No. 217

Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town RICHMOND HTS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
AT HOME 7211 DALE AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
15 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ST LOUIS
(c) City or town 7211 DALE AVE
(If outside city or town limits, write "RURAL")
(d) Street No. Richmond Hts Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME THOMAS J SULLIVAN

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex M 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife HELEN SULLIVAN 6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased JAN 27 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 2 22 hr. 15 min.

9. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation HEATING CONTRACTOR

11. Industry or business HEATING BUSINESS

12. Name THOMAS J SULLIVAN

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

14. Maiden name CATHERINE I FLANAGAN

15. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

16. (a) Informant Agnes C McAndrew

(b) Address 7211 Dale Ave

17. (a) BURIAL (b) Date thereof APRIL 21 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Helen Borking

(b) Address 6536 Cloutier Rd

19. (a) APR 21 1943 (b) [Signature]
(Date located by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1943 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from 4/18, 1943, to 4/19, 1943
that I last saw him alive on 4/19 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 2 hrs.

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations [Signature] 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?

While at work? (Specify type of place) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) M.D.
Address 1139 Bellvue Date signed 4/19/43

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

X23551
96
388

17
3/4 3

FEB 3 - 1948
MAY 4 1948

JUL 8 - 1943

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.....

J. Allen Davis Jr
Licensed Embalmer No.: *4053*

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.