S. No. 2
0M—2-43
5-17-39
1 X35597

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

State File No. 36928

FILED DEC 13 1943

Registration District No. 1818

Primary Registration District No. 1003

Registrar's No. 10543

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. Anthony Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3das. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis, 915
(If outside city or town limits, write "RURAL")

(d) Street No. 4312 Michigan Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME James E. Sullivan

3. (b) If veteran, name war World War #1

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna

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

7. Birth date of deceased Sept. (Month) 1, (Day) 1899 (Year)

8. AGE: Years 44 Months 2 Days 29 If less than one day hr. min.

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

10. Usual occupation Police Officer

11. Industry or business St Louis, Metropolitan Police Dept.

FATHER
12. Name James Sullivan
13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Koelling
15. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Anna Sullivan
(b) Address 2846 Russell Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/43 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter&Paul Cemetery

18. (a) Signature of funeral director Gebhardt-Berg Mortuary
(b) Address 2842 Meramec St.

19. (a) DEC 1 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30th. year 1943 hour 3 minute 45P. M.

21. I hereby certify that I attended the deceased from 28 November 1943, to 30 November 1943 that I last saw him alive on 30 November 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonitis & upper lobe Lung abscesses.	10 da. 5 da.
Due to Not Known	
Due to not Known	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations none

Of autopsy Pneumonitis & upper lobe Lung abscesses

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 M Bauman (M. D. ~~Coroner~~)

Address St Louis Mo. Date signed 12/1/43

(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 me, Registered Apprentice No. , working under my personal supervision.

Signed Joe D. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.

St. Louis

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.