S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36990

Registrar's No. 10168

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: 312 S 14th St. (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: 17 2

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

(d) Street No.: 312 S 14th St (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Theresa Sullivan

3. (b) If veteran, name war: no.

3. (c) Social Security No.: no.

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: widow

6. (b) Name of husband or wife: George F. Sullivan

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

7. Birth date of deceased: July (Month) 5 (Day) 1858 (Year)

8. AGE: Years 85 Months 4 Days 13 If less than one day: hr. min.

9. Birthplace: Vicksburg (City, town, or county) Miss. (State or foreign country)

10. Usual occupation: at home

11. Industry or business:

FATHER 12. Name: August Katzenmeyer

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

MOTHER 14. Maiden name: Magdalen Days

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

16. (a) Informant: Elizabeth Glandell

(b) Address: 312 S. 14th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-22-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cem.

18. (a) Signature of funeral director: Witt Bro. L & Wlo.

(b) Address: 2929 S. Jefferson Av.

19. (a) NOV 20 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18 year 1943 hour 6 minute 30 p.m.

21. I hereby certify that I attended the deceased from July 11, 1942 to November 18, 1943 that last saw h. alive on November 15, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary artery sclerosis & Hypertension	2
Due to:	
Due to:	
Other conditions: Myocarditis (chronic) (Include pregnancy within 3 months of death)	2

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. Louis Schuchat (M. D. ~~Coroner~~)

Address: 2200 Chouteau ave Date signed: 11-19-43

(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.....

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

working under my personal supervision.

Signed Gustav W. Dieterle

Licensed Embalmer No. 4329

P. O. Address 2929 S. Jefferson

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.