

FILED SEP 30 1944 318

1003

Registrar's No. 8161

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(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 11 days
(Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2130a East Harris Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME John W. Sullivan

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Russie Sullivan nee Thurmond
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased October 6, 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 16
If less than one day hr. min.

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

10. Usual occupation Retired R.R. man

11. Industry or business Mo. Pacific R.R.

12. Name Jeremiah Sullivan

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

14. Maiden name Katherine Murphy

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

16. (a) Informant Mrs Russie Sullivan

(b) Address 2130a E. Harris Ave

17. (a) Burial (b) Date thereof 9/26/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (c) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) SEP 25 1944 J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22,
year 1944 hour 9:10 PM minute M.

21. I hereby certify that I attended the deceased from Sept 15,
1944, to Sept 22, 1944
that I last saw him alive on Sept 22, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute myocardial infarction 10 days
Chs. Pulmonary embolism 18 days

Due to Myocardial infarction 5 days

Due to
Other conditions Has two other 1944
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1/31
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 D. Bringer (M. D. or other) MO
Address 4957 Maryland Date signed 9/23/44

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

MOTHER FATHER

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 W. Fred G. Burnley

Licensed Embalmer No. 4302

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.