V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1944 378

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32666

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 9130

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: St. Anthonys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County _____

(c) City or town Mound City
(If outside city or town limits, write "RURAL")

(d) Street No. 228 High Street
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph O'Sullivan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 0 | 5. Color or race white | 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased November (Month) 1 (Day) 1895 (Year)

8. AGE: Years 48 | Months 11 | Days 26 | If less than one day _____ hr. _____ min.

9. Birthplace Mound City (City, town, or county) Illinois (State or foreign country)

10. Usual occupation attorney

11. Industry or business _____

FATHER
12. Name Daniel O'Sullivan
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia McNeile
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joe O'Sullivan
(b) Address 228 High Street, Mound City Ill.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 10-27-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mound City, Illinois

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 South Grand Blvd.

19. (a) OCT 27 1944 (Date received by local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27 year 1944 hour 4 minute 00 a. M.

21. I hereby certify that I attended the deceased from Oct 10, 1944 to Oct 27, 1944 and that I last saw him alive on Oct 27 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration Sudden

Due to Coronary artery disease — Duration more than 2 years

Due to _____

Other conditions (Include pregnancy within 3 months of death) CA

Major findings: Of operations none

Of autopsy none

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 Robert E. Warner M.D. (M. D. or other)
Address Paul Brown Bldg. Date signed Oct 27 1944
St Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

DEC 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 Virgil L. Berryman

Licensed Embalmer No. 4018

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.