

FILED NOV 10 1944
 Registration District No. 318

Primary Registration District No.

1003

Registrar's No.

9298

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. Ann's Home - 5301 Page
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 58 years
 (Specify whether years, months or days) 5
 In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5301 Page Blvd.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary Sullivan

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S. D.

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

7. Birth date of deceased Feb. 1st., 1863
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 8 30 _____ hr. _____ min.

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

10. Usual occupation Cook

11. Industry or business

MOTHER FATHER { 12. Name James Sullivan
 13. Birthplace Ireland
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Sullivan
 15. Birthplace Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant Sister Louise
 (b) Address 5301 Page Blvd.

17. (a) Burial (b) Date thereof 11-2-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic
 18. (a) Signature of funeral director Arthur J. Donnelly
 (b) Address 3840 Lindell Blvd.

19. (a) NOV 1 1944 (b) Registrar's signature F. Bruner
 (Date received local Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31st.
 year 1944 hour 2 minute 00 M.

21. I hereby certify that I attended the deceased from May 1, 1944 to Oct 31, 1944
 that I last saw him alive on Oct 29, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Stenosis Duration 5mo

Due to _____

Due to _____

Other conditions None
 (Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

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)
 (c) Means of injury _____

23. Signature Mrs J. Lang (M. D. or other) _____
 Address 58030 1/2 ... Date signed Nov 1/44

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

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address. 3840 Hindall

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.