

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18953

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4326**

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: **Coronado Hotel 3701 Lindell**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 yrs.** (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME **Mary F. Sullivan**

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

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **W. 2**
6. (b) Name of husband or wife **Michael Sullivan** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 6th., 1859**
(Month) (Day) (Year)

8. AGE: Years **87** Months **1** Days **7** If less than one day _____ hr. _____ min.

9. Birthplace **Wis.** (City, town, or county) (State or foreign country)
10. Usual occupation **At Home**

11. Industry or business _____
12. Name **John Flynn**
13. Birthplace **Ireland** (City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth McGinnis**
15. Birthplace **Wis.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Alice C. Sullivan**
(b) Address **Coronado Hotel**

17. (a) Removal **Chicago, Ill** (b) Date thereof **5-15-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Archer J. Donnelly**

18. (a) Signature of funeral director **Archer J. Donnelly**
(b) Address **3840 Lindell Blvd.**

19. (a) **MAY 14 1946** (Date received local registrar) **J. F. Bradeen** (Registrar's signature)

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. **Coronado Hotel-3701 Lindell**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **13th.** year **1946** hour **11** minute **30** a. m.

21. I hereby certify that I attended the deceased from **May 14 1946** to **May 13 1946**
that I last saw him alive on **May 13** and that death occurred on the date and hour stated above.

Immediate cause of death **Crown artery occlusion**
Coronary sclerosis
arterio sclerosis
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
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)
(a) Signature of physician **Archer J. Donnelly** (b) Means of injury _____
(c) Signature of coroner **Archer J. Donnelly** (M. D. or other) _____
Address **3840 Lindell** Date signed **5/15/46**

(Licensed Embalmer's Statement on Reverse Side)

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 Lindell

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.