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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39134**
9445
Registrar's No.

Registration District No. **318** Primary Registration District No. **1002**

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

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: Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3-days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1113 Bayard Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James D. Sullivan

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

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

6. (b) Name of husband or wife Helen Sullivan 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Aug. 9th., 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 2 24 hr. min.

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

10. Usual occupation Retired officer
Miss. Valley Trust Co.

11. Industry or business Miss. Valley Trust Co.

MOTHER, FATHER

12. Name Dennis Sullivan 13. Birthplace Ireland

14. Maiden name Bridget McKenna 15. Birthplace Ireland

16. (a) Informant Mrs. Helen Sullivan
(b) Address 1113 Bayard Ave.

17. (a) Burial (b) Date thereof 11-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary

18. (a) Signature of funeral director Arthur J. Kennelly
(b) Address 3840 Lindell Blvd.

19. (a) NOV 4 1946
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3rd.,
year 1946 hour 7 minute 0 P. M.

21. I hereby certify that I attended the deceased from Oct. 29
1946 to Nov. 2, 1946;
that I last saw him alive on Nov. 2, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration 5 days

Due to Ruptured appendix

Due to 1/2/1

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Pelvic abscess with beginning spreading peritonitis
Of autopsy Ruptured appendix & gangrene of same.

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) (e) Means of injury

Signature A. L. Sinner (M. D. or other)
Address 607 - No. Grand Blvd. Date signed Nov. 4, 46

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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.