S. No. 2
1—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39283

Registration District No. 319 Primary Registration District No. 6079 Registrar's No. 77

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE
(b) City or town RURAL STE. GENEVIEVE T.S.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 6 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 95

(a) State MISSOURI (b) County STE. GENEVIEVE
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country ____

3. (a) PRINT FULL NAME DAN SULLIVAN

3. (b) If veteran, name war ____ 3. (c) Social Security No. 490-24-1283

4. Sex MALE 0 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE 0

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

7. Birth date of deceased AUG (Month) 1 (Day) 1889 (Year)

8. AGE: Years 57 Months 3 Days 29 If less than one day ____ hr. ____ min.

9. Birthplace SIKESTON (City, town, or county) NO (State or foreign country) 0

10. Usual occupation LABORER

11. Industry or business MO-ILL. RR. CO.

FATHER
12. Name UNKNOWN 4
13. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country) 7

16. (a) Informant MO-ILL. RR. CO.
(b) Address BONNE TERRE MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-3-46 (Month) (Day) (Year)
(c) Place: burial or cremation STE. GENEVIEVE, MO.

18. (a) Signature of funeral director Leo C. Basler
(b) Address Ste. Genevieve Mo.

19. (a) 12-4-46 (Date received local registrar) (b) Teresa M. Karl Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 30
year 1946 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 29, 1946, to Nov 30, 1946; that I last saw him alive on Nov. 29, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute cardiac dilatation	
Due to: Chronic nephritis	
Chronic myocarditis	
Due to: Arteriosclerosis hypertension	
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) 0
While at work? ✓ (e) Means of injury ✓ 0

23. Signature [signature] (M. D. or other) MD
Address Ste Genevieve Mo. Date signed 12-7-46

350 (Licensed Embalmer's Statement on Reverse Side)

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 Leo C. Barber

Licensed Embalmer No. 1985

P. O. Address Ste. Genevieve 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.