

FILED JAN 7 1947

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Registrar's No. **10977**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town **ST. LOUIS**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **DE PAUL HOSPITAL**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **10 DAYS**
 (Specify whether _____)
 In this community **4 LIFE**
 years, months or days

3. (a) PRINT FULL NAME **THOMAS M. SULLIVAN**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **CHILD**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **NOVEMBER 27TH 1946**
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days **23** If less than one day _____ hr. _____ min.

9. Birthplace **ST. LOUIS MISSOURI**
 (City, town, or county) (State or foreign country)

10. Usual occupation **CHILD**

11. Industry or business _____
 12. Name **LAWRENCE W. SULLIVAN**
 13. Birthplace **CHICAGO ILLINOIS**
 (City, town, or county) (State or foreign country)
 14. Maiden name **BERTHA BORRINI**
 15. Birthplace **ST. LOUIS MISSOURI**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Lawrence W. Sullivan**
 (b) Address **2323 N. Florissant Ave.**
 17. (a) **BURIAL** (b) Date thereof **DEC 21 ST/46**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **CALVARY CEMETERY**

18. (a) Signature of funeral director **Brockland Ind. Co.**
 (b) Address **1827 HOGAN ST.**
 19. (a) **DEC 21 1946** (Date received local registrar) **J. F. Bredebeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI**, (b) County **St. L.**
 (c) City or town **ST. LOUIS**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2323 N. FLORISSANT**
 (If rural, give location) **AVE.**
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **DEC.** day **20TH**
 year **1946** hour **4:40** minute **A.** M.
 21. I hereby certify that I attended the deceased from **Dec 11**, 1946 to **Dec 20**, 1946
 that I last saw him alive on **Dec 19**, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death **Post-operative rupture of abdominal wound with Evisceration & shock** Duration **18 hr 12-19-46**

Due to **Primary operation for Pyloric Stenosis** 12-11-46

Other conditions (Include pregnancy within 3 months of death) **15/11**

Major findings: **Pyloric Stenosis** PHYSICIAN _____
 Of operations _____ Underline the cause to which death should be charged statistically
 Of autopsy **none**

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 _____
 23. Signature **E. J. Jarman** (M. D. or other) _____
 Address **607 N. Grand Blvd** Date signed **12/20/46**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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

working under my personal supervision.

No. *Embalming Co.*
Brookland J. Brookland
Registered Apprentice No. _____
Signed *John J. Brookland*
Licensed Embalmer No. _____
P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.