No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 14 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15703

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4606

1. PLACE OF DEATH:

(a) County

(b) City or town St.Louis,Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St.Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23 000 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 0

(d) Street No. 2818 PARK
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John N Martin 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 MARRIED

6. (b) Name of husband or wife MARY SULLIVAN

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

7. Birth date of deceased Nov. (Month) 4 (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
54	6	1	hr. min.

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

10. Usual occupation

11. Industry or business RAILROAD

MOTHER FATHER

12. Name MICHAEL J SULLIVAN

13. Birthplace (City, town, or county) Mo (State or foreign country)

14. Maiden name THERESA M. MEYER

15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mary Sullivan

(b) Address 2818 Park Ave

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-8-47 (Month) (Day) (Year)

(c) Place: burial or cremation Nat'l. CEM. JEFF. Mo

18. (a) Signature of funeral director [illegible]

(b) Address 3125 Lafayette

19. (a) MAY 6 1947 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th year 1947 hour 5:05 minute P M

21. I hereby certify that I attended the deceased from 4-19-1947, 19..., to May 5th 1947, that I last saw him alive on May 5th 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinomatosis	
Due to H.T.	
Due to	
Other conditions Psychosis with organic brain disease - b. hemothorax (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy Probably bronchogenic in origin

PHYSICIAN

Underline the cause of 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)

While at work? (e) Means of injury 0

23. Signature [illegible] (M. D. or other) M.D.

Address 1515 Lafayette Date signed 5/6/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUN 17 1941

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.....Jos B Vollmer.....

Licensed Embalmer No. 4014

P. O. Address 325 Lafayette Ave 4

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.