S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22693

FILED JUN 30 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5922

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Alexian Bros. Hospital
(If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution 1 yr. 1 mo. 10 days (Specify whether
In this community 57 yrs 4 mos 6 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair. 999

(c) City or town Belleville, Ill.
(If outside city or town limits, write "RURAL")

(d) Street No. 6496 West Main
(If rural, give location)

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

If yes, name country

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

3. (b) If veteran, name war No

3. (c) Social Security No. 355162728

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Florence Sullivan

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased February 11th 1890
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 6 If less than one day hr. min.

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

10. Usual occupation Welder

11. Industry or business Midwest Pipe & Supply Co.

FATHER
12. Name Daniel Sullivan
13. Birthplace Ireland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucy Tracy
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Sullivan
(b) Address 6496 W. Main, Belleville Ill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19th 1947
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemty

18. (a) Signature of funeral director Geo. M. Buchler Jr.
(b) Address #2218 State St. E. St. Louis, Ill.

19. (a) JUN 18 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th year 1947 hour 9 AM minute M.

21. I hereby certify that I attended the deceased from 2-28- 1946 to 6-17- 1947 that I last saw him alive on 6-16- 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carmony Thombus	1d.
Due to: 3 x 9	
Due to: 3 x 9	
Other conditions: C. N. S. Lues (Include pregnancy within 3 months of death)	5 yrs.

Major findings:
Of operations
Of autopsy

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

23. Signature Robert Brux (M.D. or other)
Address 634 No Grand Date signed 6/18/47

Jefferson City Printing Co.

(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 me

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address Los Angeles

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.