V. S. No. 2
50M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26113

FILED AUG 4 1947

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 5251

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: Res:# 4943 Lindell Blv'd.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County .....
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. #4943 Lindell Blv'd.,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME JOHN EDMUND SULLIVAN.
3. (b) If veteran, name war W. W. I. (Navy).
3. (c) Social Security No. .....

4. Sex Male.
5. Color or race White.
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased December (Month) 20th, (Day) 1890 (Year)

8. AGE: Years 56. Months 6 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation Vice President of
11. Industry or business D'Arcy Adv., Co.,
FATHER
12. Name Edmund J. Sullivan.
13. Birthplace Cabotfield, (City, town, or county) Mass., (State or foreign country)
MOTHER
14. Maiden name Mary J. Murphy.
15. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)
16. (a) Informant A. L. Sullivan.
(b) Address 4549 Washington,
17. (a) Cremation. (Burial, cremation, or removal) (b) Date thereof July 1, 1947. (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory.
18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmar Blv'd.,
19. (a) JUN 30 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th, year 1947 hour 3:00 minute A. M.
21. I hereby certify that I attended the deceased from June 28, 1947 to June 30, 1947 that I last saw him alive on June 30, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Hypertension	

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 Ernest M. Moore M.D. (M. D. or other)
Address 4661 Maryland Ave. Date signed 6-30-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. [redacted] M. Moore
4661 Maryland
RO-3311
1 to 3 P.M.

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, 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.