No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1947 318

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH 1008

State File No. 29260
8135

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

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town ..... (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4914 Lotus Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town ..... (If outside city or town limits, write "RURAL")
(d) Street No. 4914 Lotus (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Julia X. Llewellyn
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased June (Month) 5 (Day) 1885 (Year)

8. AGE: 62 Years Months 2 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation At Home
11. Industry or business .....
MOTHER FATHER
12. Name James M. Sullivan
13. Birthplace New York (City, town, or county) (State or foreign country)
14. Maiden name Mary Fitzpatrick
15. Birthplace Brooklyn New York (City, town, or county) (State or foreign country)
16. (a) Informant Russell Llewellyn
(b) Address Los Angeles Calif.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director Jas. F. Stuart
(b) Address 1225 Union Blvd.
19. (a) AUG 27 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25 year 1947 hour 9:45 minute A M.
21. I hereby certify that I attended the deceased from Aug 20, 1947, to Aug 25, 1947 that I last saw her alive on Aug 25, 1947 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death embalm candidate | |
| Due to Chronic Myocarditis | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| 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 Emmy Ross (M. D. or other) M.D.
Address 1918 Earl Grove Date signed .....

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

— Emmy Ross —

## 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 Ernest W. Spillar

Licensed Embalmer No. 4080

P. O. Address.....

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.