G. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33070

FILED OCT 4 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8825

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

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: 3508 University St.
(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 Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3508 University St. 9
(If rural, give location)

(e) Citizen of foreign country? 10 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Arline D. Sullens

3. (b) If veteran, name war

3. (c) Social Security No. 493-09-2899

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 19 (Day) 1897 (Year)

8. AGE: Years 50 Months 6 Days 09 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Secretary

11. Industry or business Robert Hunt Eng. Co.

FATHER
12. Name Charles I. Sullens
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Marie S. Luem
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Marie Sullens
(b) Address 3508 University St.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) SEP 22 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19th
year 1947 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from July 15, 1945, to Sept 19th, 1947
that I last saw her alive on Sept 19th, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung 2 1/2 mo

Due to Possible metastases from Ca of Colon 9

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Rt lung removed 18 mos ago. malignant

Of autopsy none made

Duration

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? (b) Means of injury 0

23. Signature Joseph Davie (M. D. ~~or other~~)

Address 406 Frisco Bldg Date signed 9-20-47

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

Davis (2-0)

Frisco Bldg.

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 Warren A. Carver

Licensed Embalmer No. 3534

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.