No. 2
-1/47
-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. 40229

FILED NOV 23 1947

Registration District No. 518 — Primary Registration District No. 1003 — Registrar's No. 10439

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 Coronado Hotel
(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 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 010
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. Coronado Hotel 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Robert B. Sullivan
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Alice C. Sullivan
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Oct. 15th., 1890 (Month) (Day) (Year)

8. AGE: Years 57 Months 0 Days 27 If less than one day hr. min.

9. Birthplace Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Pres. L.B. Price Mer. Co.
11. Industry or business
FATHER
12. Name Michael Sullivan
13. Birthplace Ill. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary F. Flynn
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Alice C. Sullivan
(b) Address Coronado Hotel
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Mo.
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) NOV 12 1947 (Date received local registrar) (b) J. T. Bulock (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 12th., year 1947 hour 5 minute 30 a.m.
21. I hereby certify that I attended the deceased from Nov 5 1947 to Nov 12 1947 that I last saw him alive on Nov 11 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Terminal Pneumonia	24 hrs
Due to Cirrhosis of Liver	5 years
Due to Chr. interstitial nephritis	?
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Same as above	

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?
While at work (Specify type of place) (e) Means of injury
23. Signature Thos J. Young (M. D. or other)
Address 1018 Chemical Date signed 11/12/47

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.....

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

working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.