S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43532

FILED DEC 22 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11434

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4211 Botanical 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 Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4211 Botanical Ave. (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME John Sullivan
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary O'Brien Sullivan
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 15, ~~1858~~ 1858 (Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 29 If less than one day hr. min.

9. Birthplace Darlingtin (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Retired
11. Industry or business Railway Express
FATHER
12. Name John Sullivan
13. Birthplace (City, town, or county) Ireland (State or foreign country) 4
MOTHER
14. Maiden name Julia McGillicuddy
15. Birthplace (City, town, or county) Ireland (State or foreign country) 4
16. (a) Informant John G. Sullivan
(b) Address 4211 Botanical Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Thos. J. Finan & Sons
(b) Address 1519 S. Grand Blvd.
19. (a) DEC 15 1947 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14 year 1947 hour 12 05 minute A M.
21. I hereby certify that I attended the deceased from Dec 1945 19 to Dec. 14 1947 that I last saw him alive on Dec. 12 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Due to Deterioration of Age
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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) 0
While at work (e) Means of injury
23. Signature Dr. [illegible] (M. D. or other) MD.
Address 1504 S. Grand Date signed 12/15/47

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 Ronald Yolmke

Licensed Embalmer No. 3917

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.