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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 16 1948

ST. LOUIS, MO.
STANDARD CERTIFICATE OF DEATH

44602

Registration District No. **318** Primary Registration District No. **1003** State File No. **12105**
Registrar's No. **12105**

1. PLACE OF DEATH:
(a) County **St. Louis Mo**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **Hosp 10**
(If not in hospital or institution, write street number or location)
(d) Length of stay: **10** hospital or institution. (Specify whether)

In this community **10** years, months or days (Specify whether)

3. (a) PRINT FULL NAME **John William Sullivan**
3. (b) If veteran, name war **World War II** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color **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 **August 1 1902**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 4 27 hr. min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Dishwasher**

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown** 9
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **John King**

(b) Address **5 N. 9th St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1-8-48** (Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **JAN 8 47008 Washington Blvd.**

19. (a) **JAN 8 1948** (Date received local registry) **J. F. Bredack** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **9 N. 9th St.**
25- (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **28** year **1947** hour **12** minute **10** P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Perforated ulcer, stomach**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____

Of autopsy _____

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 **Patrick J. Taylor** (M.D. or other) **2**
Address **Big Carner** Date signed **1/8/48**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Ralph W. Henson

Licensed Embalmer No. 3791

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.