

FILED JAN 11 1949

STANDARD CERTIFICATE OF DEATH

State File No. 10896

318

1003

10896

Registration District No.

Primary Registration District No.

Registrar's No.

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:  
MO. PACIFIC HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 1 WK (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILL (b) County ST. CLAIR  
(c) City or town E. ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1608 GATY AVE  
(If rural, give location)  
(e) City or town of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MICHAEL T. SULLIVAN

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ROSE LANG 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased MARCH 16 1877  
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 29 If less than one day hr. min.

9. Birthplace E. ST. LOUIS ILL  
(City, town, or county) (State or foreign country)

10. Usual occupation R.R. CLERK

11. Industry or business TERMINAL R.R.

12. Name JOHN SULLIVAN

13. Birthplace IRELAND  
(City, town, or county) (State or foreign country)

14. Maiden name ELLEN LYNCH

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

16. (a) Informant Rose Sullivan

(b) Address 1608 Gaty Ave

17. (a) Edwards St 12/15/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MILSTADT ILL

18. (a) Signature of funeral director W. J. Walsh

(b) Address 1416 St. Louis Ave, St. Louis, Mo.

19. (a) DEC 17 1948  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 12 day 15  
year 48 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from 12-7, 1948, to 12-15, 1948  
that I last saw him alive on 12-15, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death, Myocardial infarct  
Duration \_\_\_\_\_

Due to Coronary occlusion

Due to Arteriosclerosis

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

Major findings of operations \_\_\_\_\_

Of autopsy Myocardial infarct  
PHYSICIAN \_\_\_\_\_  
Underline the cause to 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 Davidson, M.D.  
Address Mo. Pac. Hosp'l Date signed 12-16-48

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

MOTHER FATHER

JAN 13 1949

MAY 1 1949

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.....

*not embalmed*

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

working under my personal supervision.

Signed

*Philip Ogden*

Licensed Embalmer No. *7091*

P. O. Address *Elthois, Ill*

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.