No. 300
10-48

FILED AUG 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28595

State File No. 7219

BIRTH NO. 86814-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Deaconess Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lemay 23
d. STREET ADDRESS (If rural, give location): NR - 9455 Gentry

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): (Infant)
c. (Last): Sullentrop

4. DATE OF DEATH (Month) (Day) (Year): 8-18-49

5. SEX: male X

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): infant #2

8. DATE OF BIRTH: August 18, 1949

9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 1 HR. Hours Min.: 23

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Russell Sullentrop

13b. MOTHER'S MAIDEN NAME: Arabell Morinville

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Russell Sullentrop, 9455 Gentry

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) [illegible]

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 159

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: 776X

22. *I hereby certify that I attended the deceased from* 8/18/49 *to* 8/18/49, *that I last saw the deceased alive on* 8/18/49, *and that death occurred at* 11:30 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible]

23b. ADDRESS: 6098 Gravois

23c. DATE SIGNED: 8/18/49

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 8/19/49

24c. NAME OF CEMETERY OR CREMATORY: Resurrection

24d. LOCATION (City, town, or county) (State): Hi 66

DATE REC'D BY LOCAL REG. AUG 19 1949

REGISTRAR'S SIGNATURE: J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Fendler Und. Co., 7420 Michigan

(Licensed Embalmer's Statement on Reverse Side)

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

not embalmed

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.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.