

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28598

#25798

318

1003

Registrar's No. 7571

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7571		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 25 Rex Hotel-10 N. 10th St., Mo		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.								
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) _____ c. (Last) SULLIVAN			4. DATE OF DEATH (Month) (Day) (Year) August 28th, 1949					
5. SEX male		6. COLOR OR RACE white		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH 6/18/74		
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) O.A.A.			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) unknown New York,		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME John Sullivan			13b. MOTHER'S MAIDEN NAME Mary Casey			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Margaret Kelly ADDRESS 2331 Mulvaney				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arenia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Pyelonephritis DUE TO (c) Acute ulcerative Cystitis 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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) 1265				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5722				
22. I hereby certify that I attended the deceased from 8/17/49 , 19____, to 8/28/49 , 19____, that I last saw the deceased alive on 8/28/49 , 19____, and that death occurred at 7:05AM. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Carroll Wendin M.D.				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 8/29/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-31-49		24c. NAME OF CEMETERY OR CREMATORY CALVARY		24d. LOCATION (City, town, or county) (State) ST LOUIS MO		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 31 1949 J. B. Lassiter		25. FUNERAL DIRECTOR'S SIGNATURE Bullen-Kelly		ADDRESS 4386 Lindell				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10. 48

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 *Not Embalmed*

..... Licensed Embalmer No.

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.