

FILED APR 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15048

State File No. \_\_\_\_\_

318

1003

Registrar's No. 3566

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

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 township) OR TOWN St. Louis

c. LENGTH OF STAY (in this place) \_\_\_\_\_

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2199

d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital

d. STREET ADDRESS (If rural, give location) 230 N. Boyle Ave.

3. NAME OF DECEASED  
a. (First) Anna b. (Middle) \_\_\_\_\_ c. (Last) Sullivan

4. DATE OF DEATH (Month) (Day) (Year) April 14, 1950

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2

8. DATE OF BIRTH Dec. 8, 1871

9. AGE (In years less birthday) 78 If under 1 year: Months \_\_\_\_\_ Days \_\_\_\_\_ If under 6 mos.: Hours \_\_\_\_\_ Min. \_\_\_\_\_

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

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

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

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Compton Hill

13b. MOTHER'S MAIDEN NAME Mary Jane Farrell

14. NAME OF HUSBAND OR WIFE Harry

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

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary McAuliffe, 4219 Margaretta

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) \_\_\_\_\_  
ANTECEDENT CAUSES Coronary Thrombosis  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
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) \_\_\_\_\_

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

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

21f. HOW DID INJURY OCCUR? H-201

22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 3-3-50, 1950, and that death occurred at 3:35 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patric L Taylor 3 Coroner

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 4/18/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4-20-50

24c. NAME OF CEMETERY OR CREMATORY Calvary

24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. APR 18 1950 REGISTRAR'S SIGNATURE J. B. Farster

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Morrell Funeral Home, 4212 St. Louis

WRITE PLAINLY—USING 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 one

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed William J. Salter

Signed.....  
Student Embalmer

Licensed Embalmer No. 4899

P. O. Address D. C. ...

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.