

FILED MAY 19 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 18852

BIRTH NO. _____		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>3063</u>	Registrar's No. <u>1205</u>
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. LENGTH OF STAY (in this place) _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>7614 WYDOWN BLVD</u>		d. STREET ADDRESS (If rural, give location) <u>7614 WYDOWN BLVD.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALEXANDER</u> b. (Middle) <u>H.</u> c. (Last) <u>SULLIVAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 9, 1950</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>7-16-1885</u>	9. AGE (In years last birthday) <u>64</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED MFG.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>JEFFERSON CITY MO U.S.A.</u>
13a. FATHER'S NAME <u>JOHN S. SULLIVAN</u>		13b. MOTHER'S MAIDEN NAME <u>RACHEL HAY</u>		14. NAME OF HUSBAND OR WIFE <u>?</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. C.H. McMILLAN, 11 ST. ANDREWS DR.</u>
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infarction of Myocardium</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> <u>20 yrs</u> <u>43 1/2</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Thrombosis of cerebral artery (RT) 1948</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>42001</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <u>5/13</u> , 19 <u>43</u> , to <u>5/9</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>May 9</u> , 19 <u>50</u> , and that death occurred at <u>2:00 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Raymond Williams M.D.</u>		23b. ADDRESS <u>114 No. Taylor St. St. Louis 8</u>		23c. DATE SIGNED <u>5/9/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-11-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BELLEFONTAINE CEM.</u>
				24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>
DATE REC'D BY LOCAL REG. <u>5-10-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Womble</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WAGONER MORTUARY 4911 WASHINGTON</u>

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

MAY 25 1960

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

Elmo R. Padwell

Licensed Embalmer No. 4077

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.