S. No. 300
v. 10.48

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

FILED SEP 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28719
Registrar's No. 7576

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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): 35 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2149
14 STREET ADDRESS (If rural, give location): 5845 Devonshire Avenue 0

3. NAME OF DECEASED (Type or Print)
a. (First): Eugene
b. (Middle): E.
c. (Last): Sullivan

4. DATE OF DEATH (Month) (Day) (Year): Sept. 5, 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 8, 1892
9. AGE (In years last birthday): 58 — 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): Textile Weaving
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Providence, Rhode Island
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Herbert Sullivan
13b. MOTHER'S MAIDEN NAME: Ada Martin
14. NAME OF HUSBAND OR WIFE: Catherine Hinderberger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: –
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Catherine Sullivan, 5845 Devonshire

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) Carcinoma of Abdominal Viscera c Metastasis — INTERVAL BETWEEN ONSET AND DEATH: 4 Mo.

ANTECEDENT CAUSES

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Viscera. Primary kidney unknown. Inoperable Carcinoma of Abdomen
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

1948

22. *I hereby certify that I attended the deceased from* May 26, 1950, *to* Sept. 5, 1950, *that I last saw the deceased alive on* Sept. 5, 1950, *and that death occurred at* 1:30P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Herbert J. Rudin M.D.
23b. ADDRESS: 3532 Gravois Ave
23c. DATE SIGNED: 9/5/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 8, 1950
24c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG.: SEP 6 1950
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: BEIDERWIEDEN F.H.INC., 1936 St.Louis Ave.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Herbert Rudi
3532 Gravois Avenue

LA 3338

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.....

.....,

working under my personal supervision.

Student Embalmer No. —

Signed Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis A

Signed.....
Student Embalmer

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.