

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
31938
7904
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. <u>31938</u>		Registrar's No. <u>7904</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____					
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>1446a Tamm Ave.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1446a Tamm Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>1446a Tamm Ave.</u>					
3. NAME OF DECEASED (Type or Print) <u>ROBERT</u>		a. (First)		b. (Middle) <u>A.</u>		c. (Last) <u>SULLIVAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sep't. 16 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sep't. 29, 1911</u>		9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 MRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supervisor-National Lead Co.</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>East St. Louis, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <u>Cornelius Sullivan</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Dannelly</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Ellen Sullivan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War 2</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Ellen Sullivan</u> ADDRESS <u>1446a Tamm Ave.</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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion (Massive)</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>	
		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. <u>Patient had had previous Anginal episodes for 1 yr.</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H 20 ft</u>					
22. I hereby certify that I attended the deceased from <u>9/8</u> , 19 <u>49</u> , to <u>9/16</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9/12</u> , 19 <u>50</u> , and that death occurred at <u>10:00 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>John King M.D.</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>6716 Big Bend - Webster Grove, Mo</u>			23c. DATE SIGNED <u>9/18/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sep. 19, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>SEP 18 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u> ADDRESS <u>4228 S. Kingshighway Bl.</u>				

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

OCT 20 1951

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 Richard W. Stoverand

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

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.