

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

35904

State File No.

No. 300
6748

FILED NOV 2 1951

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3069</u>		Registrar's No. <u>3484</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Richmond Heights</u>			c. LENGTH OF STAY (in this place) <u>7 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy</u>			4071
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3724 1/2 St. Ann's Lane</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>DANIEL</u>		b. (Middle) <u>O'SULLIVAN</u>		c. (Last) _____	
4. DATE OF DEATH		(Month) <u>Oct.</u>		(Day) <u>21</u>		(Year) <u>1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar. 28, 1873</u>	
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 mos. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Ins. Executive</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Life Ins.</u>			11. BIRTHPLACE (State or foreign country) <u>St. Genevieve County</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>James O'Sullivan</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Marshall</u>		14. NAME OF HUSBAND OR WIFE <u>Katie Jane Williams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>James O'Sullivan 3709 Manolia</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma medulla</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adenocarcinoma Prostate</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>3 years</u>	
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 _____		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) _____		21d. (COUNTY) <u>177X</u>	
21e. (STATE) _____		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? _____	
22. I hereby certify that I attended the deceased from <u>Dec 15, 1950</u> to <u>Oct 21, 1951</u> , that I last saw the deceased alive on <u>Oct 21, 1951</u> , and that death occurred at <u>7:10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Lewis Littmann MD</u>				23b. ADDRESS <u>823 1/2 Clayton Rd (17)</u>		23c. DATE SIGNED <u>10/22/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/24/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lairal Hill Gardens</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-23-51</u>		REGISTRAR'S SIGNATURE <u>Robert P. Somke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cullen & Kelly</u>		7267 ADDRESS <u>Natural Bridge</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed John Ketter

Licensed Embalmer No. 3880

P. O. Address St Louis

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.