

FILED DEC 1 1951

STANDARD CERTIFICATE OF DEATH

State File No. **39800**
Registrar's No. **10216**

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

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2179	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 4067a Cleveland Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Thomas	b. (Middle) Leo	c. (Last) Sullivan	4. DATE OF DEATH (Month) (Day) (Year) Nov. 15, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Dec. 21, 1903	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Publisher	10b. KIND OF BUSINESS OR INDUSTRY Advertising	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME John J. Sullivan	13b. MOTHER'S MAIDEN NAME Margaret Gentry	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Joseph Sullivan	ADDRESS 4067a Cleveland Av.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 mos.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of tongue		
	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 1/6/51.	19b. MAJOR FINDINGS OF OPERATION Metastases to submaxillary lymph-nodes.	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? HIX

22. I hereby certify that I attended the deceased from January 3, 1951, to November 15, 1951, that I last saw the deceased (alive or) November 15, 1951, and that death occurred at 8:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE Solon Cameron, M.D.	23b. ADDRESS 508 N. Grand Blvd., St. Louis 3, Mo.	23c. DATE SIGNED 11/16/51.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 19, 1951	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. NOV 16 1951	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Weick Bros.	ADDRESS 2201 So. Grand Blvd.
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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 Ronald O Yakube

Licensed Embalmer No. 3717

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.