

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18599**  
Registrar's No. **3953**

ED MAY 19 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>6131 Alaska</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Harry O. Sullivan</b> b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 25, 1952</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Sept. 15, 1909</b>
9. AGE (In years last birthday) <b>42</b>		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>
10a. USUAL OCCUPATION (Give kind of work occupying most of working life, even if retired) <b>Lithographer</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>James Sullivan</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Koelling</b>	
14. NAME OF HUSBAND OR WIFE <b>Betty Sullivan</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give war or dates of service) <b>Worldwar II</b>		16. SOCIAL SECURITY NO. <b>489-05-7161</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Betty Sullivan</b>		ADDRESS <b>6131 Alaska</b>	
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhage</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>Carcinoma of the Rectum</b>  DUE TO (c)	
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION <b>4/24/52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of rectum; invasion into sacrum.</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>154X</b>			
22. I hereby certify that I attended the deceased from <b>4/15/52</b> to <b>4/25/52</b> , 19___, that I last saw the deceased alive on <b>4/25/52</b> , 19___, and that death occurred at <b>6:15P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>7430 Virginia Avenue</b>	
23c. DATE SIGNED <b>4/26/52</b>			
24a. BURIAL, CREMATION, OR OTHER DISPOSAL <b>Interment</b>		24b. DATE <b>4-28-52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Brks, Mo.</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>APR 28 1952</b> <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Southern Funeral Home 6322 S. Grand Blvd</b>	

DR. DURAND BENJAMIN

7430 VIRGINIA

PL. 2345

1:30 TO 4 P.M.

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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 *David J. Johnson*

Licensed Embalmer No. *4242*

P. O. Address *6322 A. Street*

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.