

LED APR 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12631**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **939**

1. PLACE OF DEATH
a. COUNTY **St. Louis**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)
a. STATE **Missouri** b. COUNTY **St. Francois**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Clayton**

c. LENGTH OF STAY (in this place) **9 yrs.**

c. CITY OR TOWN **Farmington**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: **142 N. Bemiston**

e. STREET ADDRESS (If rural, give location) **None** **0941**

3. NAME OF DECEASED
a. (First) **William** b. (Middle) _____ c. (Last) **O'Sullivan**

4. DATE OF DEATH (Month) (Day) (Year) **March 30, 1953**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widower**

8. DATE OF BIRTH **Oct. 10, 1859**

9. AGE (In years last birthday) **93**

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) **Retired Farmer**

10b. KIND OF BUSINESS OR INDUSTRY **Agriculture**

11. BIRTHPLACE (City and State or Foreign Country) **St. Genevieve Co., Mo.**

12. CITIZEN OF WHAT COUNTRY **U.S.**

13a. FATHER'S NAME **Daniel O'Sullivan**

13b. MOTHER'S MAIDEN NAME **Amanda Hughes**

14. NAME OF HUSBAND OR WIFE **Elizabeth**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Elizabeth O'Sullivan, 142 Bemiston**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Bronchial pneumonia**
ANTECEDENT CAUSES **Senility**
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. **Carcinoma of prostate**

INTERVAL BETWEEN ONSET AND DEATH **4 days**

10 years

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____ **491X H**

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) **Clayton St. Louis Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **8:00 a.m.**, 19**53**, to **3:00 p.m.**, 19**53**, that I last saw the deceased alive on **28 Mar.**, 19**53**, and that death occurred at **5:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Esther S. Surford, M.D.** (Degree or title)

23b. ADDRESS **958 Arden Hills, St. Louis**

23c. DATE SIGNED **30 Mar 53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **3-30-53**

24c. NAME OF CEMETERY OR CREMATORY **Masonic**

24d. LOCATION (City, town, or county) (State) **Farmington, Mo.**

DATE REC'D BY LOCAL REG. **3-30-53** REGISTRAR'S SIGNATURE **Herbert R. Dumb-M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Cozean Funeral Home, Farmington, Mo.**

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

4002
11

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4084

P. O. Address J. Armington M.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.