

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16680

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1164

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

1. PLACE OF DEATH a. COUNTY <u>Lemay St Louis Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>mo</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay</u>	c. LENGTH OF STAY (in this place) <u>6 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay 4870</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Lemay Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>1204 Telegraph Rd.</u>	

3. NAME OF DECEASED (Type or Print) <u>Dorris SULLIVAN</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>4 21 53</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unmarried</u>	8. DATE OF BIRTH <u>May 6 1872</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 4 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) <u>retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>watchman</u>	11. BIRTHPLACE (State or foreign country) <u>Ireland</u>	12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Sullivan</u>	13b. MOTHER'S MAIDEN NAME <u>Mary O'Sullivan</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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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) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cyril O'Sullivan</u>	7420 ADDRESS <u>Richmond</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hr.</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>			<u>10 yrs.</u>
	DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to April 21, 1953, that I last saw the deceased alive on April 21, 1953, and that death occurred at 2:18 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Daniel L. Baird M.D.</u>	(Degree or title)	23b. ADDRESS <u>7629 So. Broadway</u>	23c. DATE SIGNED <u>4/22/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>4-24-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Celovary Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-23-53</u>	REGISTRAR'S SIGNATURE <u>Harbert R. Dando</u>	FUNERAL DIRECTOR'S SIGNATURE <u>J. C. ...</u>	ADDRESS <u>7146 Main Street</u>
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(Licensed Embalmer's Statement on Reverse Side)

76294

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. Yahnke

Licensed Embalmer No. 13918

P. O. Address St Louis Mo

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.