

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34152**
Registrar's No. **9150**

FILED OCT. 15 1953

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 9150	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deconess Hospital			e. STREET ADDRESS (If rural, give location) 3454 Mackland Ave.		
3. NAME OF DECEASED a. (First) Lucille b. (Middle) Chapman c. (Last) Sullivan			4. DATE OF DEATH Sept. 19, 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 11, 1903	9. AGE (In years last birthday) 50	10. MONTHS 0 11. DAYS 0 12. HOURS 0 13. MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book binder		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Flatriver Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME George Chapman		13b. MOTHER'S MAIDEN NAME Julia Kane	14. NAME OF HUSBAND OR WIFE Patrick Sullivan		
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. 489-12-6477	17. INFORMANT'S SIGNATURE OR NAME Patrick Sullivan ADDRESS 3454 Mackland		
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) Broncho-pneumonia - Rt. + Sept ANTECEDENT CAUSES DUE TO (b) Intestinal Obstruction (acute) DUE TO (c) Carcinoma of Colon II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Urinary Suppression Local Peritonitis			INTERVAL BETWEEN ONSET AND DEATH 2 days 1 week 1 year
19a. DATE OF OPERATION 9-11-53 9-16-53		19b. MAJOR FINDINGS OF OPERATION Obstructing carcinoma Transverse Colon		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 153X		
22. I hereby certify that I attended the deceased from Sept 8, 1953 , to Sept 19, 1953 , that I last saw the deceased alive on Sept. 18, 1953 , and that death occurred at 8:40 A. M. , from the causes and on the date stated above.					
23a. SIGNATURE Wm. J. Norton M.D.		(Degree or title)		23b. ADDRESS 634 No. Grand - St. Louis, Mo.	23c. DATE SIGNED 9-21-53
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Sept. 23, 1953	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL SEP 22 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE P. Miceli ADDRESS 1150 No. Kingshighway	

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.....
Signature of Student Embalmer

Signed..... *Paul A. Wichter*

Licensed Embalmer No. *4787*

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