No. 300
10.48

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25307

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5804

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Pacific Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 5187 Maple Ave., 2059

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): C.
c. (Last): Sullivan

4. DATE OF DEATH (Month) (Day) (Year): June 26 1954

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Aug. 14, 1895

9. AGE (In years last birthday): 58
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): Clerk retired

10b. KIND OF BUSINESS OR INDUSTRY: Mo. Pac. R.R.

11. BIRTHPLACE (City and State or Foreign Country): Mount Carmel, Illinois

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: John T. Sullivan

13b. MOTHER'S MAIDEN NAME: Oneida Hale

14. NAME OF HUSBAND OR WIFE

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

16. SOCIAL SECURITY NO.: 702-18-3774

17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Edna G. Madigan, 4529 Holman Lane

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension Cardiovascular Disease
DUE TO (c) (OK [illegible])

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Heat prostration

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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)

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

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

21f. HOW DID INJURY OCCUR?

443XF

22. *I hereby certify that I attended the deceased from* June, 1950, *to* June, 1954, *that I last saw the deceased alive on* June 11, 1954 *and that death occurred at* 3:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] **(Degree or Title)** MD **23b. ADDRESS** Mo Pac hospital **23c. DATE SIGNED** 6-27-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6-29-1954

24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

24d. LOCATION (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REG.: JUN 28 1954

REGISTRAR'S SIGNATURE: [signature] MJB

25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Cullinane Bros. 3320 N. Kingshighway

(Licensed Embalmer's Statement on Reverse Side)

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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Fred Frick.....

Licensed Embalmer No.....318

P. O. Address...St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.