

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36027

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8787**

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. CITY OR TOWN St. Louis	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 14-yrs.		e. STREET ADDRESS (If rural, give location) 1430 Central Ave. 20490	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1430 Central Ave.			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) P. c. (Last) Sullivan		4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 1954	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH Nov. 18, 1899
9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months 10 Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk- Peter Hauliman Cigar Co.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME John Sullivan		13b. MOTHER'S MAIDEN NAME Mary Shea		14. NAME OF HUSBAND OR WIFE Mrs. Helen Sullivan	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Helen Sullivan 1430 Central Ave.	

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arteriosclerosis DUE TO (c) Hypertensive Vascular Dis.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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? 4201	

22. I hereby certify that I attended the deceased from **4 Sept, 1954**, to **21 Sept, 1954**, that I last saw the deceased alive on **21 Sept, 1954**, and that death occurred at **1:45 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. M. Ahern		23b. ADDRESS M.D. 16 Hampton Village		23c. DATE SIGNED 27 Sept 54	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE Sept. 28, 1954		24c. NAME OF CEMETERY OR CREMATORY North Arm Cemetery	
		24d. LOCATION (City, town, or county) (State) Paris, Ill.			

DATE REC'D BY LOCAL REG. SEP 27 1954		REGISTRAR'S SIGNATURE Carl Smith		FURNERAL DIRECTOR'S SIGNATURE ADDRESS J. Donnelly 3840 Lindell Blvd.	
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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 *James Williamson*.....

Licensed Embalmer No. *356*.....

P. O. Address *3840 Lind*.....

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.