

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10077**

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

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. John's Hospital**

STREET ADDRESS (If rural, give location) **14 5061 Pernod Ave. 2149**

3. NAME OF DECEASED (Type or Print)
a. (First) **JOSEPH** b. (Middle) **E.** c. (Last) **SULLIVAN**

4. DATE OF DEATH (Month) (Day) (Year) **Nov. 5 1954**

5. SEX **Male**

6. COLOR OR RACE **White**

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

8. DATE OF BIRTH **About 72 Years**

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Paint Business (For Self)**

10b. KIND OF BUSINESS OR INDUSTRY

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

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

13a. FATHER'S NAME **Unknown Sullivan**

13b. MOTHER'S MAIDEN NAME **Unknown**

14. NAME OF HUSBAND OR WIFE **Alfretta M. 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 **Alfretta M. Sullivan 5061 Pernod Av.**

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) **Ca Lung**
ANTECEDENT CAUSES
DUE TO (b) _____
DUE TO (c) _____
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **none**

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? **163X**

22. I hereby certify that I attended the deceased from **June 1954**, to **Nov 5, 1954**, that I last saw the deceased alive on **Nov 5, 1954**, and that death occurred at **3:55P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Thomas W. Martin MD**

23b. ADDRESS **634 W. Grand**

23c. DATE SIGNED **11/6/54**

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

24b. DATE **Nov. 8, 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. **NOV 8 1954** REGISTRAR'S SIGNATURE **J. Carl Smith MD**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Kriegshauser 4228 S. Kingshighway Bl.**

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 *Richard W. Flores*

Licensed Embalmer No. *400*

P. O. Address

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.