

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

FILED APR 4 1955

STANDARD CERTIFICATE OF DEATH

10574 State File No. 551

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 390 Registrar's No. 551

1. PLACE OF DEATH a. COUNTY <b>St. Louis.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Wellston</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Wellston 4311</b>	
c. LENGTH OF STAY (in this place) <b>35 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>6346 Suburban Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6346 Suburban Ave.</b>		d. STREET ADDRESS <b>6346 Suburban Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Patrick</b>	b. (Middle) <b>K</b>	c. (Last) <b>Sullivan</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>3/3/55</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3/17/1894</b>	9. AGE (In years) (last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 12 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Park Policeman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Police</b>	11. BIRTHPLACE (State or foreign country) <b>County Kerry Ireland</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Patrick Sullivan</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Kane</b>	14. NAME OF HUSBAND OR WIFE <b>Helen Sullivan</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or date of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>490 14 5573</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Helen Sullivan</b>	ADDRESS <b>6346 Suburban Ave.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1953</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA of LARYNX</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>Oct 1953</b>	19b. MAJOR FINDINGS OF OPERATION <b>CARCINOMA of LARYNX</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NO</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>?</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>161X</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>?</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>?</b>
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22. I hereby certify that I attended the deceased from **1947**, 19\_\_\_, to **MAR 3**, 19**55**, that I last saw the deceased alive on **3/3/55**, 19\_\_\_, and that death occurred at **9:00p** m., from the causes and on the date stated above.

23a. SIGNATURE <b>D.W. McShane M.D.</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>4500 OLIVE ST. St. Louis</b>	23c. DATE SIGNED <b>3/4/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>3/7/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>
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DATE REC'D BY LOCAL REG. <b>3/5/55</b>	REGISTRAR'S SIGNATURE <b>Herbert R. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Clark</b>	ADDRESS <b>1125 Hodiament Ave.</b>
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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed

*Alfred J. Doeleker*

Licensed Embalmer No. *2663*

P. O. Address *1125 Holloman*

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.