

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 5 1956

State File No. 2275  
**1996**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>38 yrs</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>122 No. 7th Street</b>				e. STREET ADDRESS (If rural, give location) <b>5444 Winona Avenue</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>HOWARD</b>		b. (Middle) <b>SHEFFIELD</b>		c. (Last) <b>SULLIVAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 23, 1956</b>	
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>Dec. 31, 1894</b>	
9. AGE (In years last birthday) <b>61</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>President</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Rhode Island</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Herbert Sullivan</b>		13b. MOTHER'S MAIDEN NAME <b>Ada Martin</b>		14. NAME OF HUSBAND OR WIFE <b>Emma Hinderberger Sullivan</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>W. W. #1 190-36-8926</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Emma Sullivan, 5444 Winona Avenue</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>mitral stenosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Left bundle Block heart.</b> DUE TO (c) <b>Arteriosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>  <b>2 yrs.</b>  <b>5 yrs</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>421.0</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <b>April 8, 1955</b> , to <b>Feb 29, 1956</b> , that I last saw the deceased alive on <b>Feb 23, 1956</b> , and that death occurred at <b>8:30 Am.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Wm Salisbury</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>3548 Sidney St</b>		23c. DATE SIGNED <b>Feb 24/56</b>			
24a. BURIAL CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>Feb. 27, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>FEB 25 1956</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Beiderwieden F.H. Inc., 1936 St. Louis Avenue</b>			

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

W. J. Salisbury, M.D.  
3548 Sidney Street

Hrs.

PR. 3-668L

Ro 262-0259

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 David Russell

Licensed Embalmer No. 457

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.