

FILED MAY 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19161**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **1163**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Valley Park)		c. LENGTH OF STAY (in this place) 2 mon.	c. CITY OR TOWN Rock Hill 4631
d. FULL NAME OF HOSPITAL OR INSTITUTION: Moll Nursing Home		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 1216 McKinley			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Flora	b. (Middle)	c. (Last) Sullivan	(Month) May	(Day) 5th	(Year) 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 13th 1879	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 10 Days 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Herman, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Julius Blust	13b. MOTHER'S MAIDEN NAME Johanna Oberg	14. NAME OF HUSBAND OR WIFE Peter L. Sullivan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME J.J. Sullivan ADDRESS 7312 Golf Ave. Richmond Heights, Mo.

18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Distention	DUE TO (b) Chronic Syphilis		1 day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)		2 yrs.
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 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3-5**, 19**56** to **5/5**, 19**56**, that I last saw the deceased alive on **5/3**, 19**56** and that death occurred at **9:45** a.m., from the causes and on the date stated above.

23a. SIGNATURE C. Theshelton (Degree or title)	23b. ADDRESS Larkwood, Mo.	23c. DATE SIGNED 5/7/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-9-56	24c. NAME OF CEMETERY OR CREMATORY Memorial Park
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH ADDRESS Maplewood, Mo.	
DATE REC'D BY LOCAL REG. 5-8-56	REGISTRAR'S SIGNATURE Herbert R. Domb, MD	

(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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed: *Bill C. Branson*

Licensed Embalmer No. *776*

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.