

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43955**  
Registrar's No. **12085**

FILED JAN 15 1957

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>3517 Hebert St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>CORA</b> b. (Middle) c. (Last) <b>SULLIVAN</b>		4. DATE (Month) (Day) (Year) OF DEATH <b>DEC. 80, 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED? <b>Widowed</b>	8. DATE OF BIRTH <b>January 20 1873</b>
9. AGE (In years last birthday) <b>83</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Montieth</b>	
13b. MOTHER'S MAIDEN NAME <b>unk.</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mary Healy</b>		ADDRESS <b>3517 Hebert St.</b>	
18. CAUSE OF DEATH Enter only one cause on line for (a), (b) and (c) <i>*This should mean the mode of dying, such as heart failure, apoplexy, etc. It means the disease, injury or condition from which caused death.</i>		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocardial failure</b> ANTECEDENT CAUSES (b) <b>arteriosclerosis and Hypertensive Heart disease</b> DUE TO (c) <b>Fracture of left humerus</b> II. OTHER SIGNIFICANT CONDITIONS (d) <b>Fracture of left humerus</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>420.0F at 3517 Hebert.</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Yes</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>ST. LOUIS MO MO</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>12-1-56? m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>Fell down steps at home</b>		22. I hereby certify that I attended the deceased from <b>last July</b> , 19 <b>55</b> , to <b>12-30</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>12-29</b> , 19 <b>56</b> , and that death occurred at <b>12:30 p.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>A. K. Trinkel MD.</b>		23b. ADDRESS <b>1500 Danonshire</b>	
23c. DATE SIGNED <b>12-31-56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>1/2/57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Celvary</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Sullivan's</b> ADDRESS <b>2849 No. Euclid Ave.</b>	
DATE REC'D BY LOCAL REG. <b>JAN 2 1957</b>		REGISTRAR'S SIGNATURE <b>Charles Smith MD.</b>	

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 *Gustav W. Suter* .....

Licensed Embalmer No. *431* .....

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.