

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**11698**

State File No. ....

**FILED MAR 18 1957**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **588**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>California</b> b. COUNTY <b>Los Angeles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Wellston</b>		c. CITY OR TOWN <b>Los Angeles</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Vincent's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>St. Elizabeth Home</b>	

3. NAME OF DECEASED (Type or Print) <b>Cornelius Sullivan (Rev.)</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>March 2, 1957</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>Never married</b>	8. DATE OF BIRTH <b>Oct. 1, 1894</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clergyman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Catholic Priest</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ontario Canada</b>	12. CITIZEN OF WHAT COUNTRY? <b>Unknown</b>
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13a. FATHER'S NAME <b>John Sullivan</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Galligan</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Cunningham &amp; O'Connor Funeral Home</b>	ADDRESS <b>83850 W. Washington, Los Angeles Cal.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Years</b>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>Generalized Arteriosclerosis</b>		"
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>Chronic Brain Syndrome due to Cerebral Arteriosclerosis</b>		"

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>4200</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb. 28, 1957**, to **Mar. 2, 1957**, that I last saw the deceased alive on **Mar. 2, 1957**, and that death occurred at **7:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. Baue M.D.</b>	(Degree or title)	23b. ADDRESS <b>7301 St. Charles Rock Rd.</b>	23c. DATE SIGNED <b>3/2/57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>3/5/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Los Angeles, Calif.</b>
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DATE REC'D BY LOCAL REG. <b>3/4/57</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donohue</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Pullan Kelly</b>	ADDRESS <b>7267 Natural Bridge</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 30  
v. 10.46

**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 *James A. Lammert*.....

Licensed Embalmer No. *4142*.....

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.