

FILED MAY 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19347**

BIRTH NO. **35727-57** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4582**

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI** b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS** c. LENGTH OF STAY (in this place) **LIFE** c. CITY OR TOWN **ST. LOUIS** d. Is residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Firmin Desloge Hospital** STREET ADDRESS (If rural, give location) **1218 S. Boyle**

3. NAME OF DECEASED (Type or Print) a. (First) **BABY BOY** b. (Middle) **Richard Lynn** c. (Last) **SULLIVAN** 4. DATE OF DEATH (Month) (Day) (Year) **5 10 57**

5. SEX **M** 6. COLOR OR RACE **WH** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never Married** 8. DATE OF BIRTH **5-10-1957** 9. AGE (In years last birthday) IF UNDER 1 YEAR Months IF UNDER 12 HOURS Days IF UNDER 24 HOURS Hours Min. **1 DAY**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **INFANT** 10b. KIND OF BUSINESS OR INDUSTRY **NONE** 11. BIRTHPLACE (City and State or Foreign Country) **ST. LOUIS MO** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **JAMES L. SULLIVAN** 13b. MOTHER'S MAIDEN NAME **MAXINE YOUNG** 14. NAME OF HUSBAND OR WIFE **NONE**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT'S SIGNATURE OR NAME **James L. Sullivan, 1218 S. Boyle** ADDRESS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Atelectasis (Bilateral)**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES **Premature Birth** DUE TO (b) **762.5**
Morbidity conditions, if any, giving 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 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5/10**, 19**57**, to **5/11**, 19**57**, that I last saw the deceased alive on **5/11**, 19**57**, and that death occurred at **10:30 pm** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Dr. Mistachkin MD** 23b. ADDRESS **1325 So Grand** 23c. DATE SIGNED **5/13/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **5-13-1957** 24c. NAME OF CEMETERY **St. Trinity Luthern** 24d. LOCATION (City, town, or county) (State) **St. Louis County, MO.**

DATE REC'D BY LOCAL REG. **MAY 14 57** REGISTRAR'S SIGNATURE **J. C. Smith MO** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **McLaughlin's, 2301 Lafayette Ave.**

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 *McLaughlin*

Licensed Embalmer No.

Address

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.