

pt. Health,
, & Welfare
S. Public
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S. 300
ev. 1-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46373
STATE FILE NUMBER
11153

FILED DEC 18 1957

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 11153

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived.) If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN University City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Stone Nursing Home		Length of stay in 1b 70 Years	d. STREET ADDRESS (If outside, give location) 6950 Kingsbury Blvd
3. NAME OF DECEASED (Type or print) First Middle Last Frank Hugh Sullivan			4. DATE OF DEATH Month Day Year November 20, 1957
5. SEX <input checked="" type="checkbox"/> Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 2, 1869
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney		10b. KIND OF BUSINESS OR INDUSTRY Private Practice	9. AGE (In years last birthday) 88
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	11. BIRTHPLACE (City and state or country) Princeton, Kentucky
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	12. CITIZEN OF WHAT COUNTRY? U.S.A.
17. INFORMANT Address Mr Hugh H. Sullivan 6950 Kingsbury Blvd			14. NAME OF HUSBAND OR WIFE Sue Hicks Sullivan
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Pulmonary and urinary infections DUE TO (c) ? Recent hip fracture causing immobility			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from Death occurred at 11-20-57 to Nov 20 and last saw her alive on Nov 19	5:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Harry Alexander M.D. M.D.	22b. ADDRESS 4952 Maryland Ave	22c. DATE SIGNED Nov 21	
23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment	23b. DATE Nov. 22, 1957	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum	23d. LOCATION (City, town, or county) (State) St. Louis County Missouri
24. FUNERAL DIRECTOR ADDRESS Alexander & Sons 6175 Delmar Blvd		25. DATE RECD. BY LOCAL REG. NOV 21 57	26. REGISTRAR'S SIGNATURE Carl Smith MD

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Dr. Harry Alexander
4952 Maryland Ave
Fo. 1-2910
1:30 to 5 P.M.

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 M. Cullor*

7-1-11

Licensed Embalmer No. *2740*

Address *6176 Dillmore*

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.