THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042324
STATE FILE NUMBER

FILED NOV 20 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10618

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Louis -Little Rock Hosp, Inc. — Length of stay in 1b: 2 Mo 9 da

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois
b. COUNTY:
c. CITY OR TOWN: Bloomington, — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1312 West Locust St — Reside on Farm Yes ☐ No ☐

8/20 40 32

3. NAME OF DECEASED (Type or print): First: Joseph — Middle: Earl — Last: Sullivan
4. DATE OF DEATH: Month: Nov. Day: 4 Year: 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: March 25, 1904
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Yard Clerk
10b. KIND OF BUSINESS OR INDUSTRY: GM&O Railroad
11. BIRTHPLACE (City and state or country): JOLIET, ILLINOIS
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: MAURICE SULLIVAN
14. MOTHER'S MAIDEN NAME: KATHERYN BELL
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.: 309-14-5271
17. INFORMANT: MARY SULLIVAN — Address: 505 N ROOSEVELT

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma Right Lung ,Metastasis to Spinal Cord — INTERVAL BETWEEN ONSET AND DEATH: 3 Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 163x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ /
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): NONE
20c. TIME OF INJURY: Hour a. m. p. m. — Month, Day, Year: NONE
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Aug. 26, 1958, to Nov. 4, 1958 and last saw him alive on Nov-4-58
Death occurred at 4:45 A on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Joseph A. Lembeck M.D.
22b. ADDRESS: 1755 S. Grand Blvd.
22c. DATE SIGNED: 11-4-58
23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 11/7/1958
23c. NAME OF CEMETERY OR CREMATORY:
23d. LOCATION (City, town, or county): BLOOMINGTON, (State): ILL.
24. FUNERAL DIRECTOR: J L ZIEGENHEIN & SONS — ADDRESS: 7027 GRAVOIS
25. DATE RECD. BY LOCAL REG.: NOV 5 '58
26. REGISTRAR'S SIGNATURE: J Earl Smith, M.D. S.R.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.