

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019686

STATE FILE NUMBER
REGISTRAR'S NO. 4786

FILED JUN 1 1959

Registration District No. Primary Registration District No.

Registral No. 4786

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, give TOWNSHIP only) OR TOWN St. Louis Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 488I Penrose		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 488I Penrose St. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Rose Middle A. Last Sullivan			4. DATE OF DEATH Month May Day 17 Year 1959		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 14 1869	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 5 Days 3 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME James Dempsey		13b. MOTHER'S MAIDEN NAME Ann Tallon		14. NAME OF HUSBAND OR WIFE Dennis B. Sullivan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT Address Dennis B. Sullivan 488I Penrose St.		

PART I. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PARTIAL DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEART ATTACK		INTERVAL BETWEEN ONSET AND DEATH Few Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.	DUE TO (b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	15 years
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pt. mentally feeble for several years		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 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 January, 1902 to May 17, 1959 and last saw her alive on March, 1959 Death occurred at 7:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE David P. Kerr (Degree or title) MD	22b. ADDRESS 950 Francis P. Clayton St. Mo.	22c. DATE SIGNED 5/17/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 20 1959	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
		23d. LOCATION (City, town, or county) (State) St. Louis Mo.

24. FUNERAL DIRECTOR Cullinane Bros. 3320 N. Kingshwy	25. DATE RECD. BY LOCAL REG. MAY 18 59	26. REGISTRAR'S SIGNATURE Earl Smith. M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Harvey Kahle*

Licensed Embalmer No. *4596*

P. O. Address *St. Louis, Mo.*

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.