

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13939

State File No. ....

3047

FILED APR 18 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>1047 So. Taylor Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) c. (Last) <b>SULLIVAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 4 1955</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Feb. 1, 1876</b>	9. AGE (In years last birthday) <b>79</b>	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) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City, and State or Foreign Country) <b>Ireland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Edward O'Connor</b>	13b. MOTHER'S MAIDEN NAME <b>Catherine Nalon</b>	14. NAME OF HUSBAND OR WIFE <b>Late Timothy J. Sullivan</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John J. Sullivan</b>	ADDRESS <b>546 West Byron St. Chicago, Ill.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  * This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 mos</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Adenocarcinoma of ovary</b> 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 <input type="checkbox"/> NO <input 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)
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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? <b>175X</b>
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22. I hereby certify that I attended the deceased from **1948**, to **April**, 19**55**, that I last saw the deceased alive on **3-28**, 19**55**, and that death occurred at **9:20P** m., from the causes and on the date stated above.

23a. SIGNATURE <i>Raymond J. ...</i>	(Degree or title)	23b. ADDRESS <b>5283 Chippewa</b>	23c. DATE SIGNED <b>4-5-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Apr. 6, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Galvany Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>APR 6 1955</b>	REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Kriegshauser</i>	ADDRESS <b>4228 S. Kingshighway Bl.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

Name of Deceased: \_\_\_\_\_  
 Address of Deceased: \_\_\_\_\_  
 Date of Death: \_\_\_\_\_  
 Place of Death: \_\_\_\_\_  
 Name of Embalmer: \_\_\_\_\_  
 Address of Embalmer: \_\_\_\_\_  
 Date of Embalming: \_\_\_\_\_  
 Place of Embalming: \_\_\_\_\_

**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 \_\_\_\_\_  
 (Signature of Licensed Embalmer)

Licensed Embalmer No. 3027

FOS:2

P. O. 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.