

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

178
Do not use this space.

1. PLACE OF DEATH

(a) County.....2 Registration District No.....791
(b) Township..... Primary Registration District No.....1003
(c) City.....St. Louis (d) Street No.....2013 Cass St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 1782. PRINT FULL NAME 415 Dennis Sullivan

(a) Residence, No. 2013 Cass St. 20 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Bridget Campbell Sullivan (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 6 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Contractor
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

FATHER 13. NAME Thomas Sullivan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Mary Cronin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Bridget Sullivan
2013 Cass

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. Jan. 7, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stroot Carroll
4600 Natural Bridge

20. FILED JAN 5 1939 J. B. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3, 1939

22. I HEREBY CERTIFY That I attended deceased from Nov. 27, 1938, to Jan 3, 1939

I last saw him alive on Dec 14, 1938 Death is said to have occurred on the date stated above, at 4:10 A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Chronic Myocarditis
Obstruction of coronary arteries
Death of 1/15/39

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify..... (Signed) Stacy Samp M. D.

(Address) 3924 S. Grand St.

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 2265

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 this body is not embalmed, above space should be left blank.