

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REC'D FEB 10 1938

596

Do not use this space.

I. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City 500 S. Kingshighway (d) Street No. St. Louis - Mo. 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.

791
1003

Registered No. **596**

2. PRINT FULL NAME

Thomas O'Sullivan
 (a) Residence, No. 2005 Military St. Port Huron Mich. N.Y. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-28-35
 7. AGE YEARS 3 MONTHS X= DAYS 18 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
 9. Industry or business in which work was done, as saw mill, bank, etc. Child
 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) Port Huron Michigan

FATHER 13. NAME Clifford O'Sullivan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Illinois

MOTHER 15. MOTHER'S NAME Theresa Kearney
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Illinois

17. INFORMANT (ADDRESS) Mrs. Matthews
500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Port Huron, Mich. DATE 1-15-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C.R. Huston Sons
#7222 Selman Blvd.

20. FILED JAN 19 1938
J. P. Bridger
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-11, 1938, to 1-15, 1938
 I last saw him alive on 1-15, 1938 Death is said to have occurred on the date stated above, at 12:35 p.m.
 The principal cause of death and related causes of importance were as follows:

Acute leukemia
Kabur pneumonia
 Other contributory causes of importance:
Anemia

Date of onset Jan '38
1-15-38
Jan '38

Name of operation None Date of
 What test confirmed diagnosis? 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) J. P. Bridger, M. D.
 (Address) 500 S. Kingshighway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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,

Bradford A Miles

or by

me

Registered Apprentice No., working under my personal supervision.

Signed

Bradford A Miles

Licensed Embalmer No. *2901*

P. O. Address *St. Louis*

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.