

REC'D APR 12 1939

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

791
1003

8583

Do not use this space.

Registered No. 2348

1. PLACE OF DEATH

- (a) County 2 Registration District No.
(b) Township 1 Primary Registration District No.
(c) City St. Louis. (d) Street No. 3806A Botanical Ave. 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.

2. PRINT FULL NAME

- 415 Mary Sullivan.
(a) Residence, No. 3806A Botanical Ave. St. 17 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widow.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daniel M. Sullivan.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 9 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as saw mill, bank, etc.
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. 5

FATHER 13. NAME Arthur Monaghan. 5

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland. 5

MOTHER 15. MAIDEN NAME Anne O'Donnell.

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

17. INFORMANT Daniel Sullivan.
(ADDRESS) 3806A Botanical Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Nokomis, Ill DATE 3-14-1939

19. FUNERAL DIRECTOR (NAME) Arthur J. Donnelly.
(ADDRESS) 3840 Lindell Blvd.

20. FILED MAR 12 1939 J. P. Bricker
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1939.

22. I HEREBY CERTIFY, That I attended deceased from

4-7, 1937, to 3-10-39, 19.....I last saw her alive on 3-10-39, 19..... Death is saidto have occurred on the date stated above, at 4:36 P.M.

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

Chr Myocarditis Date of onset ?

Other contributory causes of importance:

Severe atherosclerosis ?Name of operation Date of NoWhat test confirmed diagnosis? Usual Was there an autopsy? No23. 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. Bricker, M. D.(Address) 607 N. Grand.

Ammonium Chloride
2-3-44

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 Stanley Marchlewski

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.