

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

10050

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City.....

St. Louis

In Ambulance

File No.....

Registered No. 3048

St.....

Ward.....

2. FULL NAME

(a) Residence. No. 310

(Usual place of abode)

Thomas J. Sullivan

Ward. 4

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

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

Oct 16 1896

7. AGE

YEARS 28

MONTHS 5

DAYS 7

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Writer

(b) General nature of industry, business, or establishment in which employed (or employer)

Restaurant

(c) Name of employer

Thomas Keane

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Philip Sullivan

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Coblenz

(STATE OR COUNTRY)

Ireland

12. MAIDEN NAME OF MOTHER

Catherine Shragher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

C. Mayo

(STATE OR COUNTRY)

Ireland

14. INFORMANT

(Address)

Catherine Sullivan

310 Cottreau av

15. FILED

19

Mar 25 1925

Max C. Starkey

REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

March 22 1925

17.

I HEREBY CERTIFY, That I attended deceased from

19

to

19

that I last saw him alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gunshot Wound of Chest

Justifiable Homicide

(duration)

yrs.

mos.

da.

CONTRIBUTORY (SECONDARY)

(duration)

yrs.

mos.

da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID PRECEDING DISEASE PRECEDE DEATH?..... DATE.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed).....

3/24 1925 (Address)

H. W. Path Deputy Coroner

*State the DISEASE CAUSING DEATH, or the death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Address)

Crematory

Crematory

Mch 25 1925

20. UNDERTAKER

ADDRESS

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20. UNDERTAKER

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Foreman*, (b) *Automotive*, worked on may form *_____*. Never return *_____* "Dealer," etc., *Day laborer*, *_____* men at *_____* use *_____*

"Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of _____* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; struck by train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* _____ of the injury, as fracture of skull, and _____ (e. g., _____) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, pyemia, peritonitis, phlebitis, pyemia, septicemia, tetanus." The general adoption of the minimum list suggested will work for improvement, and its scope can be extended at a later

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.