WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

9993

1. PLACE OF DEATH
County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St Louis (No. St Mary's Infirmary St. ..... Ward)

File No. 2569
Registered No. .....

2. FULL NAME Daniel L. Sullivan
(a) Residence. No. #5 No. Sixth St., 25 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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: S.
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 8-1865.
7. AGE: Years 62 | Months 1 | Days 6. | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Trading Foreman.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....
9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER: Daniel L Sullivan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ireland

14. INFORMANT: Fr. Joseph Sullivan
(Address) Longfellow & Lafayette Ave.

15. FILED MAR 17 1927 Max C. Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 15th 1927

17. I HEREBY CERTIFY, That I attended deceased from Mar. 13, 1927, to Mar 15, 1927, that I last saw him alive on Mar 15, 1927, and that death occurred, on the date stated above, at 3:00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Myocarditis
131
95C
? (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Chr. Nephritis
? (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. R. Nakada, M. D
3/15, 1927 (Address) 1536 Papin

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cemetary
DATE OF BURIAL: Mch 17th 1927
20. UNDERTAKER: Cullen Und Co.
ADDRESS: 5165 Delmar Bl.