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

Do not use this space.

21800

1. PLACE OF DEATH
County St Louis — Registration District No. 1179 — File No.
Township — Primary Registration District No. 6948 — Registered No. 136
City Richmond Heights St Marys Hospital St. Ward)

2. FULL NAME Mary E Sullivan
(a) Residence. No. 2013 Carr St., 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: Female
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) Sept 11th 1899
7. AGE: Years 28, Months 8, Days 29; If LESS than 1 day, ___ hrs. or ___ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Ass Traffic Manager
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Famous Barr Co
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

PARENTS
10. NAME OF FATHER Dennis Sullivan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Bridget Campbell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Dennis Sullivan
(Address) 2013 Carr Av
15. FILED 6/12 1928 C. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11 1928
17. I HEREBY CERTIFY, That I attended deceased from Nov 1927, to June 11th 1928 that I last saw her alive on June 10th 1928, and that death occurred, on the date stated above, at 4 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myelogenous leukemia
Cachexia (anemic)
65A (duration) yrs. 8 mos. ds.
CONTRIBUTORY (SECONDARY) Acute cholecystitis
Ethmoidal sinusitis. (duration) yrs. 8 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? Clinical
(Signed) Alexander J. Kotkis, M.D
June 11, 1928 (Address) #4119 Farlin Ave.

*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 — DATE OF BURIAL: 6-13 1928
20. UNDERTAKER: Arthur J Donnelly — ADDRESS: 2039 Warren

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.

Dr Kotkis

Susch-Wiston Bridge

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