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

Do not use this space.

21808

1. PLACE OF DEATH
County St Louis
Township Central
City ST Mary(s Hospital Bellview& Clayton

Registration District No. 1170
Primary Registration District No. 62488

File No.
Registered No. 146
St. Ward)

2. FULL NAME Stephan Francis Sullivan

(a) Residence. No. Bellview &Clayton 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Sullivan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/26/1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	67	6	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Collector
(b) General nature of industry, business, or establishment in which employed (or employer) ST. Marys Hosp.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) ST. Louis

PARENTS

10. NAME OF FATHER Thomas Sullivan
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Mary Lane
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland

14. INFORMANT Mrs Mary Sullivan
(Address) 5019 Cabanne ave

15. FILED 6/19, 1928 C. L. Jerardi REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) JuneI7 19

17. I HEREBY CERTIFY, That I attended deceased from April 18, 1928, to June 17, 1928, that I last saw him alive on June 17, 1928, and that death occurred, on the date stated above, at 12:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Cachexia
Inanition

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Carcinoma Oesophagus

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
Did an operation precede death? Yes. Date of 4/20/28
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) [illegible], M. D.
6/18, 1928 (Address) [illegible]

*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 June 20 1928

20. UNDERTAKER Provost und CO.
ADDRESS 3710 N Grand

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.

THIS IS A PERMANENT RECORD