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

Do not use this space.

22153

File No.

Registered No. 6328

1. PLACE OF DEATH

County

Registration District No. 7911

Township

Primary Registration District No. 1003

City St. Louis Mo. (No. 3711 Cook Ave St. Ward)

2. FULL NAME Julia Sullivan

(a) Residence. (No. 3711a Cook Ave St., 11 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)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-22-1875

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	53	3	22	

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Daniel Murphy
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Bridget Fitzgerald
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland

14. INFORMANT Daniel Sullivan
(Address) 3711a Cook Ave

15. FILED 1928 Mary C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 14 1928

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1928, to June 14, 1928, that I last saw h. alive on June 13, 1928, and that death occurred, on the date stated above, at 4.42 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral regurgitation

1921

1928

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial nephritis

(duration) 1 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? Physical signs

(Signed) H. F. McKeen, M. D

6/14, 1928 (Address) 730 Baden 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 Cemetery — DATE OF BURIAL June 16, 1928

20. UNDERTAKER L. D. Quinn — ADDRESS 5358 N. Grand Blvd

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.

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