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

Do not use this space.

22424

File No. 6626

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 5330 Lotus Ave St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Patrick Sullivan

(a) Residence. No. (Usual place of abode) St., 6 Ward.

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.

(If nonresident give city or town and State)

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

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 Bridget Sullivan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
abt	66	Unknown		

8. OCCUPATION OF DECEASED

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

(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) Ireland

PARENTS

10. NAME OF FATHER John Sullivan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Bridget Sullivan

(Address) 5330 Lotus Ave

15. FILED JUN 21 1928 Mary C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 1928

17. I HEREBY CERTIFY, That I attended deceased from May-24, 1928, to June-23, 1928, that I last saw h.. alive on June-21-, 1928, and that death occurred, on the date stated above, at 1028 am.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Broncho-Pneumonia

10 Days

CONTRIBUTORY (SECONDARY) Myo-Carditis

18. WHERE WAS DISEASE CONTRACTED —

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) J. V. Hale, M. D

6/23, 1928 (Address) 4903 Delmar

*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 6/26 1928

20. UNDERTAKER Arthur J Donnelly

ADDRESS 2039 Wash St