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

Do not use this space.

31630

1. PLACE OF DEATH

County: St Louis — Registration District No. 1170 — File No.

Township: Central — Primary Registration District No. 6248 H — Registered No. 224

City: Richmond Hts Mo — St. Mary's Hospital — St. — Ward)

2. FULL NAME Mary Emma Sullivan.

(a) Residence. No. 5026 Union Ave. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

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 John C. Sullivan.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5/14/1864.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	64	4	16	

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.
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER James Mc. Connell.

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

12. MAIDEN NAME OF MOTHER Jane Mc. Quade.

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

14. INFORMANT Jane Cleary
(Address) 5026 Union.

15. FILED 10/1, 1928 C. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/30/28 19

17. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1928 to Sept 30, 1928 that I last saw her alive on Sept 30, 1928 and that death occurred, on the date stated above, at 12-30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis - Chr.
90B
(duration) yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY) [redacted] Influenza
(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at home

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) H. A. Goodrich, M. D.

, 19 (Address) Webster Groves

*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: 10/2/28 19

20. UNDERTAKER: Provost Und. Co — ADDRESS: 3710 N. Grand

WRITE PLAINLY, WITH UNFADING INK—THIS IS A

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.