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

Do not use this space.

43337

1. PLACE OF DEATH

County ..... Registration District No. 791

Township St. Louis Mo Primary Registration District No. 1003

City St. Louis Mo (No. 6108 W. Park Ave St. ..... Ward)

File No. .....

Registered No. 12647

2. FULL NAME Thomas E. Sullivan

(a) Residence. No. 6108 W. Park Ave St., 4 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 42 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) March 14. 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	44	9	10	

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

9. BIRTHPLACE (CITY OR TOWN) Wisconsin
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Maurice J. Sullivan

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

12. MAIDEN NAME OF MOTHER Jane Powderly

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

14. INFORMANT Mary Sullivan
(Address) 6108 W. Park Ave.

15. FILED 26 1928 19 Max C. Starkey Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-24 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec-3, 1928 to Dec-24, 1928 that I last saw him alive on Dec-24, 1928, and that death occurred, on the date stated above, at 12.05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Double Pneumonia
Lobar 11 Pr
11.8
(duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 21 ds.

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? Physical
(Signed) J. S. Fluke, M. D
12-24, 1928 (Address) 4575 Chouteau

*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	DATE OF BURIAL
Calvary Cemetery	Dec 27 1928

20. UNDERTAKER	ADDRESS
Kriegshauser Hud. Co.	4104 Manchester ave.

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.

J. S. Sheets.
4570 Chauteau
2-4 P.M.