

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

Do not use this space.

4554

**1. PLACE OF DEATH**

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City St. Louis (No. 1826<sup>a</sup>) Benton St.

File No. ....  
Registered No. 1238  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 1826<sup>a</sup> Benton St., 26 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Julia M. Sullivan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-13-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.  
66 11 11

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Moulder  
(b) General nature of industry, business, or establishment in which employed (or employer) Stone Mfg. Co.  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) N. Y.

**10. NAME OF FATHER**

William Sullivan

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) N. Y.

**12. MAIDEN NAME OF MOTHER**

Mary Connelly

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Ireland

**14.**

INFORMANT Miss Genevieve Sullivan  
(Address) 1826<sup>a</sup> Sullivan

**15.**

FILED 25 1929 May 2 1929  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 24 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 19 - 1929, to Jan. 24 - 1929 that I last saw him alive on Jan. 24, 1929, and that death occurred, on the date stated above, at 10 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

108 Lobar Pneumonia  
15B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Erysipelas of Face  
non Traumatic (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: Home

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinically

(Signed) E. M. Schweiniger, M. D.

Jan. 24, 1929 (Address) 4470 Natural Bridge

\*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 Jan 26 1929

**20. UNDERTAKER**

Cullivane Bros. ADDRESS 1710 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.

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

W. L. & Chas. W. Chapman  
4470 Nat. Bridge