

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

Do not use this space.

20954 ~~20952~~

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 5771
St. Ward)

2. FULL NAME

Henry O'Sullivan
(a) Residence. No. 5351 Delmar St., 12 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 widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 2 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 3 11

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Nashville
(STATE OR COUNTRY) Tenn.

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT Wilmott H. Waller
(Address) 5351 Delmar

15. FILED JUN 17 1930 W. C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1929 to June 13, 1930 that I last saw him alive on June 13, 1930, and that death occurred, on the date stated above, at 4:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Cardiac Dilatation
112
95172

(duration) yrs. mos. ds. 1
CONTRIBUTORY (SECONDARY) Bronchial Asthma
non Tubercular (duration) 2 yrs. mos. 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? Phys Ex. Only
(Signed) Dolan Cameron, M. D.

*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.
June 13, 1930 (Address) Metropolitan Bldg.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Caldwell Mrs. DATE OF BURIAL June 14 1930

20. UNDERTAKER Alexander & Sons ADDRESS 6175 Delmar

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.

AT 1000 W. 100th St. S. W. 100th St. S. W.

100

100

100

100

100

100

100