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

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.

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

Do not use this space.

33708

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9000

City St. Louis (No. 1424, Goodfellow Ave St. ..... Ward)

2. FULL NAME Joseph Sullens

(a) Residence, No. 1424 Goodfellow St., 6 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: 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~~ Annie Sullens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1850

7. AGE: YEARS 81 | MONTHS 10 | DAYS 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Officer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. L. Police Dept.
10. Date deceased last worked at this occupation (month and year) June 1920
11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

FATHER

13. NAME Nathan Sullens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. 2

MOTHER

15. MAIDEN NAME Cynthia Medley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Annie Sullens Ky.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem DATE Oct. 12, 1932

19. UNDERTAKER (ADDRESS) Drehmann Haual 1905 Union Blvd

20. FILED OCT 10 1932 19 Max C. Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1929, to Oct. 9, 1932

I last saw him alive on 10/9, 1932. Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	1/10/29

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify .....

(Signed) Jos. P. Berman, M. D.

(Address) 940 - Mo. Bldg.

Mr J B [illegible]
Mo Theater Bldg
12-2