

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

Do not use this space.

42395

1. PLACE OF DEATH

County..... Registration District No. *73N 100B*
Township..... Primary Registration District No.....
City *St. Louis* (No. *1047A So. Taylor Ave*) St. Ward.....

File No.....
Registered No. *11528*
St. Ward.....

2. FULL NAME *Timothy J. Sullivan*

(a) Residence, No. *1047A So. Taylor* St. *18* Ward..... (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 <i>Male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mary Sullivan</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 17, 1876</i>		
7. AGE YEARS <i>56</i>	MONTHS <i>7</i>	DAYS <i>6</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Special Agent 96</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Terminal R.R.</i>		
10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland 15</i>		
13. NAME <i>Prerniah Sullivan</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>		
15. MAIDEN NAME <i>Catherine Shea</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>		
17. INFORMANT (ADDRESS) <i>Mary Sullivan 1047A So. Taylor</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Columbus</i> DATE <i>12-27-1932</i>		
19. UNDERTAKER (ADDRESS) <i>Friedrichs & Sons 4124 Grandcenter</i>		
20. FILED <i>DEC 26 1932</i> Registrar <i>Wm. E. Stancley</i>		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 23, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 1, 1929, to 12-23, 1932*
I last saw him alive on *12-23, 1932* Death is said to have occurred on the date stated above, at *6:25 P. m.*
The principal cause of death and related causes of importance were as follows:
Hypertensive Heart Disease 1929
Coronary Thrombosis 4 hrs 1932
Other contributory causes of importance:
Hypertensive 1929

Name of operation..... Date of.....
What test confirmed diagnosis? *all* 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) *John A. Brennan*, M. D.
(Address) *401 Humboldt Bldg*

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Brennan

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