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.

MAR 24 1934

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

Do not use this space.

6906

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 1767

City St. Louis, Mo. (No. Alexian Bros. Hospital St. ..... Ward)

2. FULL NAME John O'Sullivan

(a) Residence, No. 3023 St. Vincent Avenue St., 17 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ~~June~~ abt 1877

7. AGE: abt. YEARS 57 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) St. Louis, Missouri

FATHER

13. NAME Thomas O'Sullivan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Anna Gilmore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quebec, Canada

17. INFORMANT (ADDRESS) Mary Pierce 3536 Genesee St.

18. BURIAL, CREMATION, OR REMOVAL Kansas City, Mo.
PLACE Calvary DATE Feb. 20th, 1934

19. UNDERTAKER (ADDRESS) Weick Bros 2201 S. Grand Boulevard

20. FILED FEB 19 1934 J. T. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1933 to Feb 17, 1934

I last saw him alive on Feb 16, 1934 Death is said to have occurred on the date stated above, at 7:20 A.M.

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

	Date of onset
Ch. Myocarditis	12/16
Degenerative	
131	
136	
97	

Other contributory causes of importance:

Arteriosclerosis	10/20
Nephro-Sclerosis	33

Name of operation Tob Date of

What test confirmed diagnosis? Was there an autopsy? yes

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?

If so, specify

(Signed) E. J. Buddy, M. D.

(Address) Alexian Bros

Alex. Bros. Hosp.
10:00 Am. Monday