

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**

Township..... Primary Registration District No. **003**

City **St. Louis** (No. **1037**) **Henry Sullivan** (No. **2808**) **City** Ward. **21**

File No. **22538**

Registered No. **6371**

St. **6371** Ward

2. FULL NAME

(a) Residence, No. **2808** St. **21** Ward.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **70** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar 12 - 1864**

7. AGE YEARS **70** MONTHS **3** DAYS **15** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Butcher**
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 Mo**

13. NAME **Unknown Sullivan**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT **Raymond Robert** (ADDRESS) **City**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **June 29 1934**

19. UNDERTAKER **E. J. Schuer** (ADDRESS) **3125 E. Lafayette St. St. Louis**

20. FILED **28 1934** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 27, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **4/16**, 19**34** to **6/27**, 19**34**

I last saw him alive on **6/25**, 19**34** Death is said to have occurred on the date stated above, at **9:32** a.m.

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

Carcinoma of prostate
51
51
Other contributory causes of importance: **Chr myocarditis**

Name of operation **transurethral prostatectomy** Date of **5-22-34**
What test confirmed diagnosis? **biopsy** 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? _____

If so, specify **Chr myocarditis**
(Signed) **J. M. Macarish**, M. D.
(Address) **City 1422 P II 1**

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.

