

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.

AUG 9 1935

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

Do not use this space.

24894

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City *St. Louis* (No. *St. Louis Hosp.*) St. Ward.....

File No.
Registered No. **6330**
St. Ward.....

2. FULL NAME

Sullivan Helen
(a) Residence, No. *7809 Gravelly* h. r. 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 *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 26 / 1901*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 8 27

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

FATHER
13. NAME *Vincent Robert*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo.*

MOTHER
15. MAIDEN NAME *Mary Fick*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis*

17. INFORMANT (ADDRESS) *James Sullivan 7809 Gravelly*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *St. Louis 7/25/35*

19. UNDERTAKER (ADDRESS) *J. J. Ziegenhals 705 S. Douglas*

20. FILED *25 1935* Registrar. *J. H. Bredek*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7/23 1935*

22. I HEREBY CERTIFY, That I attended deceased from *June 30*, 1935, to *July 23*, 1935

I last saw her alive on *July 22*, 1935. Death is said to have occurred on the date stated above, at *2:20 a. m.*
The principal cause of death and related causes of importance were as follows:

ulceration of ascending colon with perforation and localized peritonitis. Date of onset *6/30/35*

Other contributory causes of importance:
Repeated consultations with Dr. C. F. J. Falk and Dr. Wm. P. Blumberg.
Esopharotomy by Dr. W. P. Blumberg
Name of operation..... Date of *7/23/35*
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? *No.*
If so, specify.....

(Signed) *Perry H. Swahlen*, M. D.
(Address) *611 Metropolitan Bldg. St. Louis, Mo.*

