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.

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

APR 21 1936

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

Do not use this space.

File No. 13442

Registered No. 3545

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1008

City St. Louis (No. 4171 Shenandoah Ave., ... St., ... Ward)

2. FULL NAME Margaret Martin Sullivan

(a) Residence, No. 4171 Shenandoah Ave. St., 17 Ward.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	53	9	30	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME Patrick Martin

14. BIRTHPLACE (CITY OR TOWN) New York
(STATE OR COUNTRY) N.Y.

MOTHER

15. MAIDEN NAME Bridget McCarthy

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

17. INFORMANT Thomas Sullivan
(ADDRESS) 4171 Shenandoah Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE 4-2, 1936

19. UNDERTAKER Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway Blvd.

20. FILED ....., 19.... J. F. Bredeck
Registrar.
APR 1 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-31, 1936

22. I HEREBY CERTIFY, That I attended deceased from August, 1935, to 3-31, 1936

I last saw h. alive on 3-31, 1936. Death is said to have occurred on the date stated above, at 9 A. m.

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

	Date of onset
Myocarditis Chronic	
Angina Pectoris	8/34

Other contributory causes of importance: G. H. W.

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Thos. M. Martin, M. D.

(Address) 607 No Grand

Dr Thomas Martin
University Club
3.30