MAY 7

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

Do not use this space.

17056

Registration District No. 791

Primary Registration District No. 1003

File No. 3809

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 4051 St Louis Ave. St. Ward)

2. FULL NAME James M. Sullivan.

(a) Residence, No. 4051 St Louis St., 10 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: Male

4. COLOR OR RACE: White.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 10th 1855

7. AGE: Years 80. Months 7 Days 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Supt of Meter Dept.

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): New Orleans

FATHER

13. NAME: James M. Sullivan.

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

MOTHER

15. MAIDEN NAME: Anna S. Cantwell

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

17. INFORMANT (ADDRESS): Mrs Bridget Sullivan. 4051 St Louis Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE April 8th 1936

19. UNDERTAKER (ADDRESS): Larry Mullen and Co 5165 Delmar Blvd.

20. FILED APR 7 - 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/5/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/2/36, 19 to 5/5/36, 19

I last saw him alive on 4/5/36, 19 Death is said to have occurred on the date stated above, at 2:20 p.m.

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

	Date of onset
1. Coronary Thrombosis.	4/5/36
2. Coronary Sclerosis.	10-15 yrs.

Other contributory causes of importance:
Arterio Sclerosis - General
Senility.

Name of operation None Date of

What test confirmed diagnosis? Clinical 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) Geo Smith, M. D.
(Address) 2627 No. Kingshighway.

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.