WHITE 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.

JUL 14 '36

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

Do not use this space.

24927

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 6583

City St. Louis (No. 6012 Horton Place St. ..... Ward)

2. FULL NAME Bridget Sullivan

(a) Residence, No. 6012 Horton Place St., 5 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: Female
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: Phil Sullivan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 23, 1878.

7. AGE: YEARS 58 MONTHS 4 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

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): Ireland

FATHER

13. NAME: Humphry O'Leary
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Catherine Donhoe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Phil Sullivan 6012 Horton Place

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem., DATE June 30/36.

19. UNDERTAKER (ADDRESS): Jos. W. Clark 1125 Hodiamont Ave.,

20. FILED JUN 29 1936 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28/36. 19

22. I HEREBY CERTIFY, That I attended deceased from August 2, 1934, to June 28, 1936

I last saw her alive on June 25, 1936 Death is said to have occurred on the date stated above, at 6.00 A.M.

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

	Date of onset
Coronary Thrombosis.	6/1/36

94b

Other contributory causes of importance: Myocardial Failure.

Name of operation none Date of .....

What test confirmed diagnosis? [illegible] 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) D. B. Flavin, M. D.

(Address) 1114 Mo. Bldg.

Dr. B.D.Flavan
Mo.The. Bldg.,
Je. 97I4 I2&on.