

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.

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

Do not use this space.

SEP 15 1936

791

1003

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. St. Anthonys Hospital) St. .... Ward)

File No. 33051  
Registered No. 8950

**2. FULL NAME**

James E. Sullivan

(a) Residence, No. 4459 Castleman Ave St. 17 Ward.  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clara Sullivan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>November 29 1879</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>8</u>
	DAYS <u>30</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Police Guard</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Metropolitan Police</u>	
	10. Date deceased last worked at this occupation (month and year) <u>St. Louis, Missouri</u> spent in this occupation.....	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 31 1936 to Aug 10, 1936  
(I last saw him alive on Aug 26, 1936 Death is said

to have occurred on the date stated above, at St. Louis, Mo.  
The principal cause of death and related causes of importance were as follows:

Coronary disease with impact of R. ventricle  
Date of onset

Other contributory causes of importance:  
Sclerosis of Kidneys

Name of operation..... Date of.....  
What test confirmed diagnosis Physical 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) J. B. Redek, M. D.  
(Address) 3115 S. Grand

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
	13. NAME <u>Patrick Sullivan</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
17. INFORMANT <u>Clara Sullivan</u> (ADDRESS) <u>4459 Castleman Ave</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>August 29 1936</u>	
19. UNDERTAKER <u>Peetz Brothers</u> (ADDRESS) <u>3029 Lafayette Ave</u>	
20. FILED <u>SEP 28 1936</u> 19 <u>36</u> <u>J. B. Redek</u> Registrar.	

Dr. James Van Dyke  
311 A. Avenue  
Rochester