

H. Hanson

DEC 4 1936

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

Do not use this space.

38891

1. PLACE OF DEATH

County St. Louis
Township Bonjour
City Highwood (No. _____) St. _____ (Ward)

Registration District No. 785
Primary Registration District No. 3037

File No. _____
Registered No. 121

2. FULL NAME

Miss Catherine Sullivan

(a) Residence, No. 4418 Hley St. _____ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS
about 65 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Mo

13. NAME Michel Sullivan

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

15. MAIDEN NAME Ellen Harty

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

17. INFORMANT Wm Lee
(ADDRESS) 760 Swanwick

18. BURIAL, CREMATION, OR REMOVAL PLACE Balmy DATE Oct 12 1936

19. UNDERTAKER Louis R. Boyd
(ADDRESS) Highwood Mo

20. FILED 10-9-1936 Cyrus C. Kelly
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8, 1936

22. I HEREBY CERTIFY That I attended deceased from Sept. 24 1936, to Oct. 8 1936.

I last saw her alive on Oct. 8 1936. Death is said to have occurred on the date stated above at 9 P. m.

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

Myocarditis, fibrillation Date of onset Oct. 1936

Other contributory causes of importance: Chronic Hepatitis

Name of operation Clinical Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) Henry Hanson M. D.
(Address) 243 West Jefferson Ave
Highwood Mo

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.

