

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County 001 Registration District No. 791
Township St. Louis Primary Registration District No. 1003
City St. Louis (No. 4431) Green Ave St. 10 Ward 1

File No. 8711
Registered No. 2173
St. 10 Ward 1

2. FULL NAME

(a) Residence No. 4431 Green St. 10 Ward 1
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF John Higgins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 13, 1857
7. AGE YEARS 80 MONTHS 11 DAYS 8 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Widow
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1937
22. I HEREBY CERTIFY, That I attended deceased from July 20, 1937 to July 20, 1937
I last saw her alive on July 17, 1937. Death is said to have occurred on the date stated above, at 9:10 AM.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis Date of onset 7
Other contributory causes of importance: old age

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15
13. NAME Michael J. Sullivan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 14
15. MAIDEN NAME Julia J. Sullivan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
17. INFORMANT Theresa Higgins
(ADDRESS) 4431 Green Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cemetery, St. Louis, Mo.
19. UNDERTAKER (ADDRESS) J. J. Brennan
20. FILED FEB 22 1937 Registrar J. P. Bredeck

Name of operation _____ Date of _____
What test confirmed diagnosis? Positive 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) J. J. Soraghan, M. D.
(Address) 4417 Green Ave

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.

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