

MAY 7 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **DePaul Hosp**) St. _____ Ward _____

File No. **14383**
Registered No. **3879**

2. FULL NAME **John H. Sullivan**

(a) Residence, No. **2024 Fair Ave** St. **9** 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF **Lillie**
WIFE OF **Lillie**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 9th. 1875**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 **4** **1**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Paymaster Board of Education**
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) **St. Louis, Mo**
(STATE OR COUNTRY)

13. NAME **Michael Sullivan**

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

15. MAIDEN NAME **Ellen Hardy**

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

17. INFORMANT **Nellie Sullivan**
(ADDRESS) **5545 Pershing Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemt** DATE **4/13/37**

19. UNDERTAKER **Harrigan & Sheahan Und Co**
(ADDRESS) **4415 Washington Blvd.**

20. FILED **APR 12 1937** **J. P. Redeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/10/37** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **March 12, 1937** to **April 10, 1937**
I last saw him alive on **April 9th, 1937** Death is said to have occurred on the date stated above, at **11:00AM**

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

Broncho-pneumonia Date of onset **3-17-37**

Hypertrophic Sclerosis?

Chronic Myocarditis?

Name of operation **none** Date of _____

What test confirmed diagnosis? **Phys. signs** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **no** Date of injury _____, 19**37**

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) **Joseph Davis**, M. D.

(Address) **2000 Broadway St. St. Louis**

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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