JAN 10 1938

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

43656
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1008 Registered No. 11906
(c) City St. Louis, Mo. (d) Street No. 5246 Cabanne Avenue St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alice O'Sullivan
(a) Residence, No. ..... St. NR Bonne Terre, Missouri
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph O'Sullivan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 10th, 1868
7. AGE: YEARS 69 MONTHS 9 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as saw mill, bank, etc.: 2.30
10. Date deceased last worked at this occupation (month and year): December 20, 1937
11. Total time (years) spent in this occupation: 50 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

FATHER
13. NAME: John Ryan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Johanna (Unknown)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Vada Spencer, 5346 Cabanne Avenue
18. BURIAL, CREMATION, OR REMOVAL: PLACE Doe Run, Mo. DATE December 27, 1937
19. FUNERAL DIRECTOR (ADDRESS): Albert H. Hoppe Inc., 429 N. Euclid Avenue
20. FILED DEC 27 1937 J. F. Bredeck, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 24, 1937
22. I HEREBY CERTIFY, That I attended deceased from 8/12, 1937, to 12/24, 1937
I last saw her alive on 8/12, 1937. Death is said to have occurred on the date stated above, at 2:00 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocardial Degeneration — Date of onset: ?

93C

Other contributory causes of importance:
Acute S. I. upset caused by improper diet not a food poisoning.

Name of operation ..... 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? no
If so, specify .....
(Signed) Joseph F. Tuge, M. D.
(Address) 508 N. Grand Blvd. St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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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STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No. .....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. .....

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Gary W. Wilkinson

Licensed Embalmer No. 3575

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)