

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

8874  
 Do not use this space.

REC'D APR 1 1938

791  
 1003

**1. PLACE OF DEATH**

(a) County.....  
 (b) Township.....  
 (c) City..... (d) Street No. 1430 Desoto Ave. 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 74 yrs. mos. ds. (f) How long in U. S., if of foreign birth 74 yrs. mos. ds.

Registered No. 2463

**2. PRINT FULL NAME**

William D. Sullivan, 415  
 (a) Residence, No. 1430 Desoto Ave St. 9  
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/12/1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 8 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stationary Engineer  
 9. Industry or business in which work was done, as saw mill, bank, etc. Herman Oak Leather Co  
 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) Ireland.

FATHER 13. NAME John Sullivan

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

MOTHER 15. MAIDEN NAME Ellen Lynch

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

17. INFORMANT Mary A. Sullivan  
 (ADDRESS) 1430 Desoto Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 3/14/38

19. FUNERAL DIRECTOR W. A. Stork Und. Co.  
 (ADDRESS) 2117 E. Grand Blvd.

20. FILED MAR 13 1938 J. P. Bredek

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 10. 1938

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1938 to MAR 10, 1938  
 I last saw him alive on March 10, 1938 Death is said to have occurred on the date stated above, at 2P m.

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

Cerebral Hemorrhage (Left Cerebrum)  
 Other contributory causes of importance: Wegener's disease 1935  
 Date of onset 3-10-38

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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 Wegener's disease  
 (Signed) Thomas J. Miller, M. D.  
 (Address) 4114 N. 7th Street

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.

STATEMENT BY LICENSED EMBALMER

I, William A. Stork, Licensed Embalmer No. 3588

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 William A. Stork

Licensed Embalmer No. 3588

**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.)**