

REC'D MAY 10 1938

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

12648

Do not use this space.

1. PLACE OF DEATH *2943 Thomas*
- (a) County 2 Registration District No. *791*
 (b) Township 1 Primary Registration District No. *1000*
 (c) City *St. Louis*, (d) Street No. *2943 Thomas St* Registered No. *3252*
 (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 *17* yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
2. PRINT FULL NAME *Maggie Sullivan 415*
- (a) Residence, No. *2943 Thomas* St. 21 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *FEMALE* 4. COLOR OR RACE *COLORED* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Clarence Sullivan 403*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 1, 1888*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
- 55* *0* *1*

- OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *nil*
9. Industry or business in which work was done, as 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) *Warner Arkansas 1*

- FATHER
13. NAME *Jack Fished 1*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Warner Arkansas 9*

- MOTHER
15. MAIDEN NAME *unknown*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT (ADDRESS) *Edith Belworth 2943 Thomas, St*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Washington Park April 6, 1938*

19. FUNERAL DIRECTOR (ADDRESS) *English Undertaking Co. 2031 Lucas, apt 1*

20. FILED *April 6, 1938 J. F. Bredeck* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4/2*, 19*38*

22. I HEREBY CERTIFY, That I attended deceased from *FEB 20*, 19*38*, to *APR 2*, 19*38*

- I last saw h. ER. alive on *April 2*, 19*38*. Death is said to have occurred on the date stated above, at *11 p.m.*

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

CARCINOMA Esophagus

Other contributory causes of importance: *46A*
TERMINAL HYPOSTATIC PNEUMONIA Bronchial

- Name of operation *ASTROSTOMY* Date of
 What test confirmed diagnosis? *XRAY* 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) *A. N. Vaughan*, M. D.

(Address) *11 N. JEFFERSON*

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 _____

Licensed Embalmer No. _____

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.)