44

REC'D DEC 12 1938

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

38015
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis
(b) Township
(c) City St. Louis
Registration District No. 791
Primary Registration District No. 1003
Registered No. 10342
(d) Street No. City Hospital #1 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 44 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Sullivan
(a) Residence, No. 803 No 6th St. 25
(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*) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE abt. 66 YEARS — MONTHS — DAYS — If LESS than 1 day ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Art Worker
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) New York
(STATE OR COUNTRY)

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) "
(STATE OR COUNTRY) " 9

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (CITY OR TOWN) " 9
(STATE OR COUNTRY)

17. INFORMANT Thomas Vella P.D.
(ADDRESS) 5074 So Broadway

18. ~~BURIAL, CREMATION~~, OR REMOVAL
PLACE Fairmount Mo DATE Nov 30 1938

19. FUNERAL DIRECTOR (NAME) Eugene Eckert Osteopath
(ADDRESS) Chronic Disease

20. FILED NOV 29 1938 19
J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/8 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw him alive on 3-5, 19..... Death is said to have occurred on the date stated above, at 10 p.m.
The principal cause of death and related causes of importance were as follows:

Primary Occlusion

Date of onset

Other contributory causes of importance:
Uremia Acidosis

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 McGuire M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

5M-1-38-38 I X14025

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Raymond E. Behrke, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Raymond E. Behrke

City license #99 Licensed Embalmer No. 3985

P. O. Address St Louis, Mo

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.)

If this body is not embalmed, above space should be left blank.