

21 1939

JUL 8 1939

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

23189  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) ~~Township~~ Clayton Primary Registration District No. 121 Registered No. 1100  
(c) City St. Louis County Hospital 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 Daniel Sullivan

(a) Residence, No. 8315 Jefferson, Venita Park, Mo. (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) widower  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Sullivan  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1871  
7. AGE YEARS 68 MONTHS 2 DAYS 18 IF LESS than 1 day, hrs. or min.

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) Green Co., Ill. (STATE OR COUNTRY)

FATHER 13. NAME Timothy Sullivan

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

MOTHER 15. MAIDEN NAME Mary Dehune

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

17. INFORMANT Nephew, Leo E. Stackhouse (ADDRESS) 8315 Jefferson, Venita Pk. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Granite City, Ill. DATE 6-23-39

19. FUNERAL DIRECTOR (NAME) Tate Funeral Home (ADDRESS) Granite City, Ill.

20. FILED JUN 21 1939 G. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-20-39

22. I HEREBY CERTIFY, That I attended deceased from 6-14-39 to 6-20-39  
I last saw h. im alive on 6-20-39 Death is said to have occurred on the date stated above, at 1:05 P.M.  
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis  
arteriosclerosis  
Other contributory causes of importance: 131

Name of operation Date of  
What test confirmed diagnosis? APN 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  
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 (Signed) A. A. Brewer, M. D.  
(Address) C. J. Jop

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.

96  
2  
2

Carroll

B.C.

(Licensed Embalmer's Statement on Reverse Side)

**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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*John Tetter*

Licensed Embalmer No. 3880

P. O. Address.....

**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.**