28 1929 96

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

Do not use this space.

25750

1. PLACE OF DEATH
County: St Louis
Township: Carondelet
City: Carondelet (No. Nazareth Convent St. Ward)

Registration District No. 1123
Primary Registration District No. 5248 B.

File No.
Registered No. 261

2. FULL NAME: Sister Anna of the H. G. Bray

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
Abt	76	—	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Amsterdam
(STATE OR COUNTRY) New York

PARENTS

10. NAME OF FATHER John Bray
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tipperary
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Margaret Hughes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tipperary
(STATE OR COUNTRY) Ireland

14. INFORMANT: Sister M. Remigia
(Address) Nazareth Convent

15. FILED July 8 1929 L. C. Obrecht M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7 1929

17. I HEREBY CERTIFY, That I attended deceased from June 15 1929 to July 7th 1929 that I last saw her alive on July 1st 1929, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
926
(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Lane Hall M. D.
, 19 (Address) St Louis Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Nazareth Conv	July 8 1929
20. UNDERTAKER	ADDRESS
Geo Inscoe & Son	7114 S. Broadway

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.

Dr. Saml. J. Hill
Jefferson Bks. Mo.