

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

Do not use this space.

24258

1. PLACE OF DEATH
 County St Louis Registration District No. 1170
 Township _____ Primary Registration District No. 170876
 City Richmond (No. St Marys) St. Joseph St. _____ Ward _____
 2. FULL NAME Sister M. Bessette (Caroline Ene)
 (a) Residence. No. Clayton 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (with the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 12, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 2 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Religious
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer St Marys Sister

9. BIRTHPLACE (CITY OR TOWN) Scholl
 (STATE OR COUNTRY) Switzerland

10. NAME OF FATHER Joseph Ene

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

12. MAIDEN NAME OF MOTHER Caroline Ene

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

14. INFORMANT Sister Delphine
 (Address) St Marys Hospital

15. FILED 7/14 19 30 B L Jones REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1930

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to July 12, 1930 that I last saw him alive on July 12, 1930 and that death occurred, on the date stated above, at 6:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Uterus
48 (duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) 46 (duration) ___ yrs. ___ mos. ___ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

1 DID AN OPERATION PRECEDE DEATH? yes DATE June 1, 1928

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic
 (Signed) Lawrence H. Stearns, M. D.

, 19 (Address) 6420 Clayton

*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 St Peter Paul DATE OF BURIAL July 15, 1930

20. UNDERTAKER Thos J. Truian ADDRESS 1267 95 Grand

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.

AUG 26 1930

Johnson

1971

10/1/71