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

Do not use this space.

27840

1. PLACE OF DEATH
County St. Louis — Registration District No. 789
Township Central — Primary Registration District No. 6033 B
City — (No. Marrillac Seminary St. Ward)

File No.
Registered No. 234

2. FULL NAME Sister Isabelle Elizabeth Ann Thomas
(a) Residence. No. Marrillac Seminary 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 (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 30 1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
69	10	10 H	

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: Sisters of Charity

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Peabody Maps

PARENTS
10. NAME OF FATHER: William Thomas
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Catherine Stock
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Maryland

14. INFORMANT: Sister Isabella
(Address) Marrillac Seminary

15. FILED 8/12, 1930 Rolla Bracy, M.D. REGISTRAR

6 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 10 1930

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1930, to Aug. 10, 1930, that I last saw her alive on Aug. 10, 1930, and that death occurred, on the date stated above, at 9 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 97.A
Chr. Myro-Carditis 926
Chr. Endo-Carditis? 1325
Involving Mitral (Decompensated 3 yrs.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chr. Cholecystites? Chr. Hypertension? - Anemia
Uremia (duration) yrs. mos. ds. 4 mos.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ✓
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? none
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab
(Signed) Luke B. Tiernan M. D.
8/11, 1930 (Address) 3718 Jennings Rd

*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: Marrillac
DATE OF BURIAL: Aug 12 1930

20. UNDERTAKER: Cullen Kelly
ADDRESS: 4524 Easton

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD