

NOV 3 1930

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

Do not use this space.

31030

1. PLACE OF DEATH
 County St Louis Registration District No. 1120
 Township Carondelet Primary Registration District No. 6248 B File No. _____
 City _____ (No. 40rd & Range 8 Rd) Registered No. 310 St. _____ Ward _____
 2. FULL NAME Sister Mary Ita Meer
 (a) Residence. No. _____ St. _____ Ward. Jeff Bks. Mo.
 (Usual place of abode) _____
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

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) April 7, 1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
57 5 5
 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). Educational
 (c) Name of employer _____
 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Co Clare Ireland
 10. NAME OF FATHER Patrick Meer
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Co Clare Ireland
 12. MAIDEN NAME OF MOTHER Bridget Biddy
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Co Clare Ireland
 14. INFORMANT Superior Sister M. Remiga
 (Address) Nazareth Convent
 15. Sept 13, 30 L. C. O'bryen
 FILER, 19 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 12 19 30
 17. I HEREBY CERTIFY, That I attended deceased from _____, 1930, to date Sept 12, 1930 that I last saw him alive on Sept 9, 1930, and that death occurred, on the date stated above, at 4 P.M.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of the lungs
T.B.A.
 (duration) not known yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED 31
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) L. J. H. Hill, M. D.
9-12, 19 30 (Address) Jeff Bks 28 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 Nazareth Cemetery DATE OF BURIAL 9/15 19 30
 20. UNDERTAKER E. Hoffmeister 211 L. & 811 So. Broadway ADDRESS _____

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 PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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