

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

Do not use this space.

37062

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1123
Township Carondelet Primary Registration District No. 6248 B
City Nazareth Court Jeff. Bks. Mo. (No.) St. Ward

2. FULL NAME

Sister M. Elizabeth
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 28 1852
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 2 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY) Red Butte, Mo.

13. NAME Fredrick Parrott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lorraine, France

15. MAIDEN NAME Marie Valley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lorraine, France

17. INFORMANT Sister Remedios
(ADDRESS) Nazareth Court Jeff. Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Nazareth Cem DATE 11/28 1932

19. UNDERTAKER C. Hoffmeyer No 2 Co
(ADDRESS) 1787 So. Broadway

20. FILED Nov. 25 1932 L. C. Howard
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1932 to Nov 25, 1932

I last saw him alive on Nov 23rd, 1932. Death is said to have occurred on the date stated above, at 7:34 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
93C
Other contributory causes of importance:
① 93C

Name of operation Date of

What test confirmed diagnosis? 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 , 19

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) L. C. Howard, M. D.
(Address) Nazareth Court Jeff. Bks. Mo.

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.

JAN 5 1933

10/11/11
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