EALTH
5

Do not use this space.

File No. 21073

Registered No. 107

1. PLACE OF DEATH

County St Lo

Township Central

Primary Registration District No. 62.48 H.

City Richmond Hts (No. St Mary Hospital St. Ward)

2. FULL NAME Sister M Prisca (Clara Uebel)

(a) Residence. No. Clayton & Bellevue 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) Jan 21-1906

7. AGE: 27 YEARS | MONTHS: 4 | DAYS: 12 | If LESS than 1 day, ... hrs. or ..... min.

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): Sister of St Mary

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER: F X J Uebel

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

12. MAIDEN NAME OF MOTHER: Eliz Flohr

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

14. INFORMANT: Sister of St Mary's
(Address) Clayton & Bellevue

15. FILED 6/2, 1933 Robt J Ambruster
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2 1933

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1933, to June 2, 1933, that I last saw her alive on June 2, 1933, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septic Pneumonia (Strep to cocci) and General septicemia

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Hemorrhagic Nephritis

(duration) yrs. mos. 28 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St Mary's Hosp.

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Dr. James P. Hodge, M. D

6/2, 1933 (Address) 1004 Mothers Ave

*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: June 3 1933

20. UNDERTAKER: Thos J Finan

ADDRESS: 15195 Grand Blvd

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.