AUG 23 1935

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

Do not use this space.

24300

File No.

Registered No. 192

1. PLACE OF DEATH

County St. Louis — Registration District No. 789

Township Central — Primary Registration District No. 6033

City Normandy, Mo. (No. 7626 Natural Bridge Rd., St. Ward)

2. FULL NAME Sister Mary Eubhrosia, (Lemieux)

(a) Residence, No. 7626 Naturial Bridge Rd., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May ? 1860.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	------	------	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious Nun in order of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Good Shepherd

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) Wisconsin

FATHER

13. NAME Joseph Lemieux

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER

15. MAIDEN NAME Mary St. James.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada.

17. INFORMANT Sister mary of St. Joseph.
(ADDRESS) 7626 Naturial Bridge Rd.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem., DATE July 29/35.

19. UNDERTAKER Jos. W. Clark.
(ADDRESS) 1125 Hodiamont Ave.,

20. FILED 7-29-1935 H A Boehmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1935.

22. I HEREBY CERTIFY, That I attended deceased from 4-2, 1935, to 7-28, 1935.

I last saw her alive on 7-28, 1935. Death is said to have occurred on the date stated above, at 10.45A.M.

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

	Date of onset
Hemorrhage from uterus	7-2-35
4-8	

Other contributory causes of importance:

Carcinoma of Uterus	4-2-35

Name of operation Section Date of 4-2-35

What test confirmed diagnosis? Exp Was there an autopsy? no

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? no

If so, specify none

(Signed) [illegible], M. D.

(Address) 7201 Natural Bridge

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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Dr. George H. Klinkerfuss
730Ia Natural Bridge Rd.,
Ev. 4940. 8 to IO A.M.