

FEB 24 1936

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

Do not use this space.

4023

1. PLACE OF DEATH

County St. Louis Registration District No. 1123 File No. _____
Township Chouteau Primary Registration District No. 6247 E Registered No. 15
City _____ (No. at Rose Hosp.) St. _____ Ward _____

2. FULL NAME

Sister Mary Rose (Theresa Gubry)
(a) Residence, No. 9100 St. Mary 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 10 1855</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>11</u>	DAYS <u>30</u>
8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Religious</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Sister of St. Mary</u>		
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) <u>St. Louis Mo</u>		
13. NAME <u>Theresa Gubry</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
15. MAIDEN NAME <u>Don't know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT <u>Sister Bernardine</u> (ADDRESS) <u>6400 Acacia Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>Jan 19 1936</u>		
19. UNDERTAKER <u>Thomas J. Duane</u> (ADDRESS) <u>1512 S. Grand Bond</u>		
20. FILED <u>Jan 10 1936</u> <u>J. Mowry</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/9 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1933 to Jan. 9 1936
I last saw her alive on 1/9 1936 Death is said to have occurred on the date stated above, at 11A m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset Jan. 6 1936
Other contributory causes of importance:
Arteriosclerosis About 1930
Chronic myocarditis 1925

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____
(Signed) R. B. Duane M.D.
Address 9101 So. Bduary

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.

