

MAR 12 1936

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

Do not use this space.

7989

## 1. PLACE OF DEATH

Country 3801 Gravois AveRegistration District No. **791**

Township

Primary Registration District No. **1003**City St. Louis Mo.(No. 16)Card Shepard CurrentFile No. **1660**Registered No. **1660**

St.

Ward)

2. FULL NAME Sister Magdalena of St. Dominic(a) Residence No. 3801 Gravois Ave St. 16 Ward.

(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) March 22 1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

591021

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)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Round Prairie Mo

(STATE OR COUNTRY)

10. NAME OF FATHER Chas. Tolly11. BIRTHPLACE OF FATHER (CITY OR TOWN) Illinois

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER May Parnie13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia

(STATE OR COUNTRY)

14.

INFORMANT Sister Mary of St. Francis Xavier(Address) 3801 Gravois Ave

15.

FEB 14 1936

FILED 19

J. F. Bredeck  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-13-1936I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1936 to Feb. 13, 1936that I last saw him alive on Feb. 12, 1936, and that death occurred, on the date stated above, at 10:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Lobar Pneumonia

(duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY)

(duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Wesley K. Kelly, M. D.2/9, 1936 (Address) 3600 S. Grand Blvd.

\*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

DATE OF BURIAL

Calvary Cemetery2/15 1936

20. UNDERTAKER

ADDRESS

Arthur J. Donnelly 3840 Lindell 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.

