

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.

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

AUG 25 1936

Do not use this space.

229363

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
 Township Carondelet Primary Registration District No. 6248B
 City Nazareth, Mo. (No. Nazareth, Mo. St. _____ Ward _____)
Ringer Road

2. FULL NAME Sister Colleba Barbara Johannes

(a) Residence, No. Nazareth, Mo. St. _____ Ward. St. Louis Co., Missouri
 (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) September 20, 1863

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
72 9 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Convent
 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) Jennings County Indiana

FATHER 13. NAME Peter Johannes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prussia Germany

MOTHER 15. MAIDEN NAME Anna Riplingar

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prussia Germany

17. INFORMANT Mother Rose (ADDRESS) Nazareth Convent, St. Louis Co., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Nazareth Cemetery DATE July 10 36

19. UNDERTAKER C. Hofmeister Und. & Livery Co. (ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. FILED July 10 1936 G. Mowrey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1936

22. I HEREBY CERTIFY That I attended deceased from Apr 26, 1936 to July 7, 1936

I last saw him alive on July 5, 1936 Death is said to have occurred on the date stated above, at _____ m.

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

Angina Pectoris.
None
 Other contributory causes of importance: gfa

Date of onset not known

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) Waldo Still, M. D.

(Address) Jefferson R. Mo.

