

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.

OCT 2 1936

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

Do not use this space.

32278

1. PLACE OF DEATH

County St. Louis County

Registration District No. 189

Township Central

Primary Registration District No. 6033

City..... (No. St. Vincent's Sanitarium St. .... Ward)

File No. ....

Registered No. 269

2. FULL NAME Sister Stella Guiney

(a) Residence, No. St. JOSEPH'S CONVENT, St. Tipton, IND. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 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) Religious

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
52 " " " "

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

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

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) Indiana

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S. A.

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S. A.

17. INFORMANT Sister Mary Irene, Sec'y (ADDRESS) St. Vincent's Sanitarium

18. BURIAL, CREMATION OR REMOVAL PLACE TIPTON IND DATE AVG 37 1936

19. UNDERTAKER Cullen Kelly (ADDRESS) 1416 N. TAYLOR

20. FILED B-27-1936 Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1936, to Aug 27, 1936

I last saw her alive on Aug 26, 1936 Death is said to have occurred on the date stated above, at 7<sup>10</sup> a.m.

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

Cervical Cellulitis Date of onset 8/20/36

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? antigen Was there an autopsy? yes

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.....

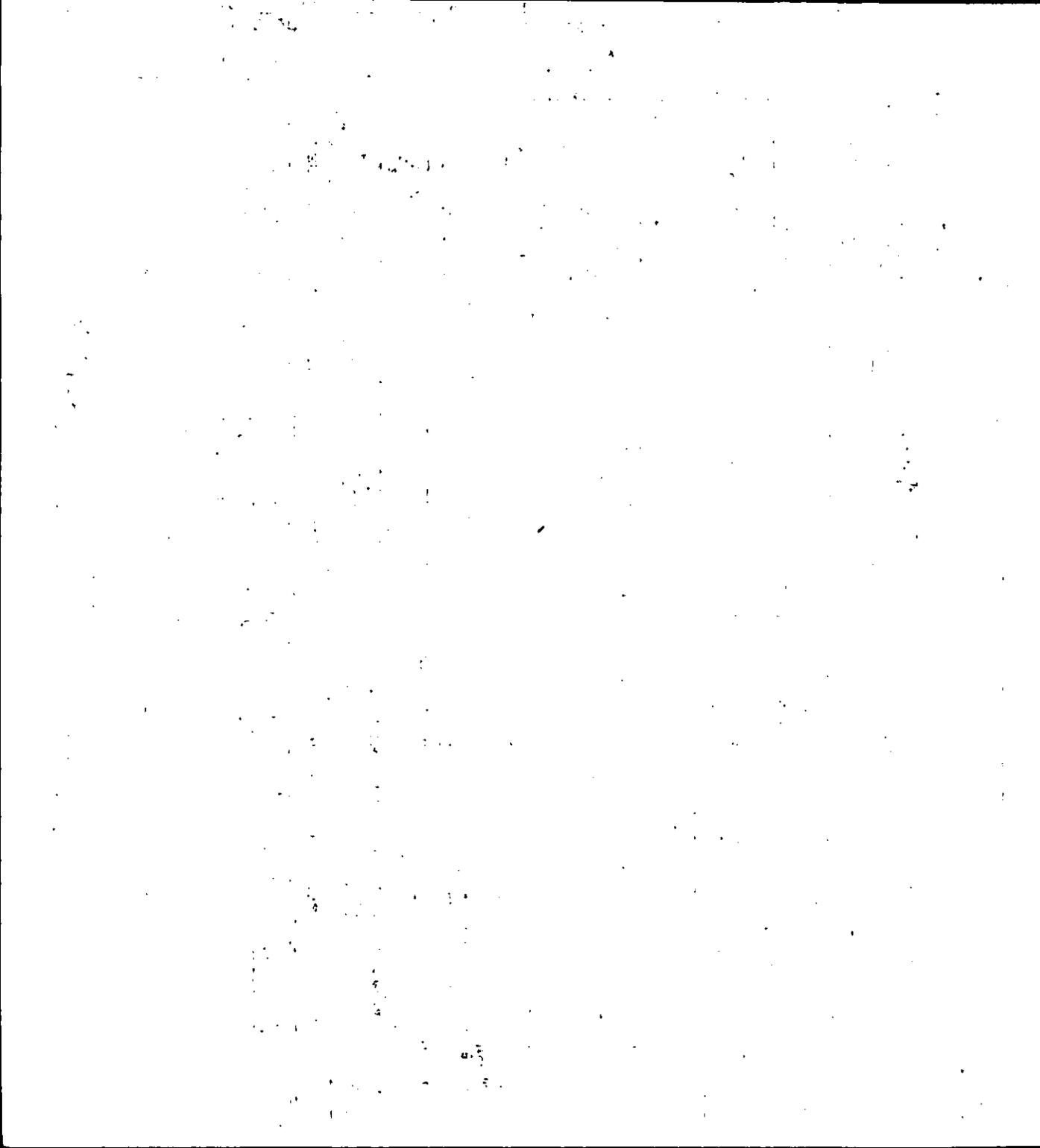
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) B. A. Hunter M. D.

(Address) St. Vincent's Sanitarium



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

Do not use this space.

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City St. Louis (No.           )

Registration District No. 789  
Primary Registration District No. 6033

File No.             
Registered No. 969

**2. FULL NAME**

Sister Stella Guiney

(a) Residence, No.            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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Religious

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

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

7. AGE YEARS 32 MONTHS            DAYS            If LESS than 1 day, hrs.            or min.           

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.  
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE            DATE            19

19. UNDERTAKER (ADDRESS)

20. FILED 8-27-1936 10-24- 1936 Edw. Buchner Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from           , 19          , to           , 19          .

Has            been alive on           , 19          . 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:

Cervical Cellulitis

Date of onset           

Cause unknown

Other contributory causes of importance:

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) G. A. Nestor M. D.

(Address) Vincent Sanitarium

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Flowers 1425  
9-5 PTA

---

S-32278