

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

Do not use this space.

SEP 29 1936

33278

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1170  
Township St. Louis Primary Registration District No. 6248-H  
City Ridgely Mo. No. ST Marys Hospital

File No. \_\_\_\_\_  
Registered No. 215  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Sister M Ignatia (Deves)

(a) Residence, No. 5 \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) Sourthern Hospital

(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**

**MEDICAL CERTIFICATE OF DEATH**

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 \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 1882

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1936 to Aug. 8, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
54 6 5

I last saw her alive on Aug. 8, 1936 Death is said to have occurred on the date stated above, at 7:55 P.M.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sister of St Mary  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

apoplexy Date of onset 8-5/36

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

Other contributory causes of importance:  
Arteriosclerosis, General ?  
Carcinoma of Bronchi, Primary ?

13. NAME Joseph Deves

Name of operation None Date of \_\_\_\_\_

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

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

15. MAIDEN NAME Margaret Koenig

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

17. INFORMANT Sister of St Mary (ADDRESS) Clayton Bellevue

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peter & Paul DATE Aug 11, 1936

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

19. UNDERTAKER (ADDRESS) Thomas & Finnan 1519 5th

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

20. FILED Aug 10, 1936 Sam. A. Dandy, M.D. Registrar.

(Signed) S. Lee Shreader, M. D.

(Address) 3720 Washington

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.

WITH OUPDING INK--THIS IS A PERMANENT RECORD

