DEC 3 1936

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

Do not use this space.

39856

File No. 791

Registered No. 10926

1. PLACE OF DEATH

County ..... Registration District No. 1003

Township ..... Primary Registration District No. .....

City St. Louis. (No. Firmin Desloge Hospital St. ..... Ward)

2. FULL NAME Sister Magdalen of Rose Virginia

(a) Residence, No. 3801 Gravois St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1888.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
48	8	27	

OCCUPATION

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. .....

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) Denmark, Iowa.

FATHER

13. NAME Murray McArthur.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington, Iowa.

MOTHER

15. MAIDEN NAME Daisy Strickland.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington, Iowa.

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

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov. 2, 1936.

19. UNDERTAKER (ADDRESS) Arthur J. Donnelly Undt. Co. 3840 Lindell Blvd.

20. FILED NOV 3 1936 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-30-1936

22. I HEREBY CERTIFY, That I attended deceased from 10-10, 1936 to 10-30-, 1936

I last saw h. alive on 10-30, 1936 Death is said to have occurred on the date stated above, at 10 07 p.m.

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

	Date of onset
Septicemia	
Carbuncle	
Diabetes Mellitus	

Other contributory causes of importance:

Name of operation Incision Carbuncle

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? No
If so, specify .....

(Signed) W. C. Heuermann M. D.
(Address) 2147 Chouteau Ave. 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.