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.

786

MAR 5-1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. St. Anthony's Hospital St. ..... Ward)

File No. 8356

Registered No. 1807

2. FULL NAME Sister M. Paula, (Catherine Eilers.)

(a) Residence, No. St. Anthony's Hospital 16 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 4 mos. 14 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) 2/16/1863

7. AGE: YEARS 73 MONTHS 11 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

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. Portress

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) Portage des Sioux St. Charles Co., Mo.

FATHER

13. NAME Henry Eilers 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER

15. MAIDEN NAME Christina Nodorf

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

17. INFORMANT (ADDRESS) Sister M. Lodgera, Sec. 3520 Chippewa Street, City

18. BURIAL, CREMATION, OR REMOVAL
St. PLACE Peter & Paul DATE 2-11-37 19

19. UNDERTAKER (ADDRESS) J. H. Gebken L. & U. Co 2824 Meramec

20. FILED FEB 10 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/9 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1936 to 2/9, 1937

I last saw her alive on 2-9, 1937 Death is said to have occurred on the date stated above, at 7 PM m.

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

Carcinoma of Sigmoid Colon

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Joseph L. Ferris M. D.

(Address) 4209 Virginia