

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 9 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**

File No. **10852**

Township.....

Primary Registration District No. **1003**

Registered No. **3426**

City **St. Louis**

(No. **3801 Gravois Ave.**)

St. \_\_\_\_\_ Ward)

2. FULL NAME **Sister Mary of the Good Shepherd, Annie Eliz. Richardson.**

(a) Residence, No. **3801 Gravois Ave.** St. **16** Ward.

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. (If nonresident, give city or town and State)

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) **Unknown 1849**

7. AGE YEARS **88** MONTHS **Unknown** DAYS **Unknown** If LESS than 1 day, ..... hrs. or ..... min.

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) **New Orleans** (STATE OR COUNTRY) **La.**

13. NAME **John Richardson**

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

15. MAIDEN NAME **Bridget Reilly**

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

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

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Mar. 30, 1937**

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

20. FILED **MAR 29 1937** **J. J. Bredbeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 28, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Mar 1, 1937** to **Mar 28, 1937**

I last saw her alive on **Mar 21, 1937** Death is said

to have occurred on the date stated above, at **5.30 pm.**

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

**Senility**  
**Branchitis Chr.**  
**Myocardium Chr.**

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) **Joseph Lamm** M. D. (Address) **3720 Washington Ave**

786 2 15 15

3720 Washington Blvd.

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