

REC'D APR 8 1938

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

12161  
Do not use this space.

1. PLACE OF DEATH <sup>3</sup>  
(a) County St. Louis Registration District No. 784  
(b) Township Carondelet Primary Registration District No. 200 Registered No. 508  
(c) City Lemay, Mo. (d) Street No. Nazareth Convent St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sister Frances Rephael Strickland 312  
(a) Residence, No. Nazareth Convent Lemay, Mo. St.   
(Usual place of abode, if no street address, write county or city) (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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
About 50

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Teacher  
9. Industry or business in which work was done, as saw mill, bank, etc. Parochial  
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) Michigan

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Sister M. Jane  
(ADDRESS) Nazareth Convent Lemay, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Nazareth Cem. DATE March 20 1938

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co.  
(ADDRESS) 7814 S. Broadway St. Louis, Mo.

20. FILED 279 1938 R. May M.D. Dist. N.  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18 1938

22. I HEREBY CERTIFY That I attended deceased from Dec 17 1937 to Mar 18 1938

I last saw h. lx alive on Mar 17 1938. Death is said

to have occurred on the date stated above, at 12.30 P.M.

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

Date of onset

Pulmonary tuberculosis not known

Other contributory causes of importance: 230

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) Waldorf Hill M. D.  
(Address) Lemay R. Mo.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No..... or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**