

REC'D AUG 12 1938

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

23922

Do not use this space.

6616

## 1. PLACE OF DEATH

(a) County ..... 1 ..... Registration District No. .... 791  
 (b) Township ..... 1 ..... Primary Registration District No. .... 1003  
 (c) City ..... St. Louis ..... (d) Street No. ..... Visitation 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 Mary Doloris Ley. 236-000

(a) Residence, No. .... Belt & Cabanne Ave. .... St. [5]  
 (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) Oct. 8, 1938. 1859

7. AGE YEARS MONTHS DAYS If LESS than 7 day, ..... hrs. or ..... min.  
 78 9 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Religious.

9. Industry or business in which work was done, as 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) Chicago, Ill. (STATE OR COUNTRY)

13. NAME Peter Ley.

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

15. MAIDEN NAME Eva Oehman.

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

17. INFORMANT Sister Superior. (ADDRESS) Visitation Convent

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE July 26, 1938

19. FUNERAL DIRECTOR (NAME) Arthur J. Donnelly. (ADDRESS) 3840 Lindell Blvd.

20. FILED JUL 25 1938 J. P. Brudwick

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 20th 1938, to July 24th 1938. I last saw her alive on July 24th 1938. Death is said to have occurred on the date stated above, at 10:50 P. M. The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis

Date of onset

Arterio-sclerosis  
to  
June 20th  
1938

Other contributory causes of importance:

Terminal Hypostatic Pneumonia  
Bronchitis

5 days

Name of operation ..... 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? No  
 If so, specify .....  
 (Signed) Augustus P. Munsch, M. D.  
 (Address) 306 Humboldt Bldg

Number 011-1015  
-3

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No. ...., working under my personal supervision.

Signed

*W. H. An Mater*

Licensed Embalmer No.

*2825*

P. O. Address

**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.)**

**If this body is not embalmed, above space should be left blank.**