

EC 27 1938

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

44460
Do not use this space.

1. PLACE OF DEATH 3

(a) County St. Louis Registration District No. 784

(b) Township Lemay Primary Registration District No. 200

(c) City Lemay (d) Street No. Nazareth Convent Registered No. 2121

(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. da.

2. PRINT FULL NAME Sister Mary Evelyn 540

(a) Residence, No. Nazareth Convent St. Lemay, Missouri

(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) November 17, 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>76</u>	<u>1</u>	<u>9</u>	

OCCUPATION

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

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) Kewanee (STATE OR COUNTRY) Illinois 1

FATHER

13. NAME Michael O'Neill

14. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY) 4

MOTHER

15. MAIDEN NAME Anne Handiboda

16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) 5

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Nazareth Cemetery DATE Dec. 28, 1938

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

20. FILED DEC 27 1938 S. H. Meyer

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 1938 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1936 to Dec 26, 1938

I last saw her alive on Dec 15, 1938. Death is said to have occurred on the date stated above, at --- m.

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

arterio Sclerosis
Aquility

Date of onset 97

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 Charles W. Cherry, M. D. (Signed) Metropolitan Bldg (Address)

St Louis 900

WHILE 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.

Mr. Thering
Room 827
Metropolitan Bldg.
1-3

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.)