

JUL 12 1939 791
Registration District No. **1008**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town _____
(c) Name of hospital or institution: Good Shepherd Convent, 3801 Gravois
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8-Years
(Specify whether _____)

In this community _____
years, months or days) 5 1/2
(Mary Shimmers)

3. (a) PRINT FULL NAME Sister Mary of St. Benedict

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 22, 1858
(Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Limerick Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Sister 5

11. Industry or business Religious 5

12. Name Edmund Shimmers 5

13. Birthplace Ireland

14. Maiden name Kate Tucker (State or foreign country)

15. Birthplace Ireland (State or foreign country)

16. (a) Informant's own signature St. Mary of St. Francis Novice

(b) Address 3801 Gravois Ave.

17. (a) Burial (b) Date thereof 6-29-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) JUN 28 1939 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 1 16
(If outside city or town limits, write "RURAL")
(d) Street No. 3801 Gravois Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Unknown years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1939 hour 6 minute _____ a. m.

21. I hereby certify that I attended the deceased from about July 1937 to June 6 1939
that I last saw her alive on June 22 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic hyperendite + generalized arterial sclerosis
Due to Senility - (Progressive)

Due to Chronic hyperendite + generalized arterial sclerosis
Other conditions Angina Pectoris
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration ?

PHYSICIAN _____

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? Yes (Specify type of place) _____
(e) Means of injury _____

23. Signature Neal Frankel (M. D. or other) _____
Address 5914 W. Belmont St. Date signed 6/29/39

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.

1939-1940-1941-1942-1943-1944-1945-1946-1947-1948-1949-1950-1951-1952-1953-1954-1955-1956-1957-1958-1959-1960-1961-1962-1963-1964-1965-1966-1967-1968-1969-1970-1971-1972-1973-1974-1975-1976-1977-1978-1979-1980-1981-1982-1983-1984-1985-1986-1987-1988-1989-1990-1991-1992-1993-1994-1995-1996-1997-1998-1999-2000-2001-2002-2003-2004-2005-2006-2007-2008-2009-2010-2011-2012-2013-2014-2015-2016-2017-2018-2019-2020-2021-2022-2023-2024-2025

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3846 Rindell

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.