DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
RECEIVED AUG 11 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23996

Registration District No. 791 Primary Registration District No. Registrar's No. 6269

1. PLACE OF DEATH: 1003

(a) County
(b) City or town 3801 Gravois Ave., St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CONVENT OF GOOD SHEPHERD 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 79 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County
(c) City or town ST. LOUIS 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.? years.

3. (a) PRINT FULL NAME Sister Mary of O.L. of the Sacred Heart (Anna Marie Lay)

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, ~~widowed, married, divorced~~
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased UNKNOWN (Month) (Day) 1860 (Year)

8. AGE: Years 79 Months UNKNOWN Days If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name John Lay
13. Birthplace St. Louis, (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Julia Wolf
15. Birthplace St. Louis, (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Sister Mary of St.
(b) Address 3801 Gravois Av. Franciscan Convent
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-17-39 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd
19. (a) JUL 16 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 15 year 39 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from about 7/1 1936 to 7/15 1939 that I last saw h. alive on 7/14 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus — Duration 10 yrs +
Arterial sclerosis + lymph
Due to tumor of the myocardium — 10 yrs +
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Neal J. Lockell (M. D. or other)
Address 3914 Delmar Date signed 7/15/39

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 — 1 x19511

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.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr N J Touhill
5914 Dickman

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 3840 Lindell

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.