DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1940

Registration District No. 7804

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12519

Primary Registration District No. 700

Registrar's No. 596

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rural Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nazareth Convent 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 423

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town Lemay, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Nazareth Convent Ringer Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME Sister Mary Scholastica

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 5 (Day) 1869 (Year)

8. AGE: Years 70 Months 8 Days 20 If less than one day hr. min.

9. Birthplace New York City (City, town, or county) New York (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name James Rowan
13. Birthplace (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Anna Walsh
15. Birthplace (City, town, or county) New York (State or foreign country)

16. (a) Informant's own signature Sister Mary Evangelista
(b) Address RR. #1 Lemay, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 27, 1940. (Month) (Day) (Year)
(c) Place: burial or cremation Nazareth Cemetery

18. (a) Signature of funeral director [illegible]
(b) Address 7814 S. Broadway

19. (a) MAR 26 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 25-40 year 1940 hour 3:30 minute P M.

21. I hereby certify that I attended the deceased from Sept 3-1939, 19, to Mar 25-, 1940; that I last saw her alive on Mar 23, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to Chronic endocarditis.	?
Due to 92	
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 Waldo Wall (M. D. or other)
Address Lemay Mo Date signed 3/26/40

(Licensed Embalmer's Statement on Reverse Side)

Rev. 8-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadw

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.