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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36440

Registration District No. 784 Primary Registration District No. 900 Registrar's No. 1871

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Vincent San.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 47years (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 800 E. Monroe
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mother Mary Raymond (Pauline Emerson)
3. (b) If veteran, name war
8. (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 Oct. 6 1853 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
86	11	27	hr. min.

9. Birthplace St. Paul (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Catholic Nun
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Ursuline Convent Records
(b) Address 800 E. Monroe Kirkwood Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/5/40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem.
18. (a) Signature of funeral director Louis H Bopp Inc.
(b) Address 131W. Argonne Dr. Kirkwood Mo.
19. (a) OCT - 4 1940 (Date received local registrar) (b) R. R. Meyer M.D. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3 year 1940 hour 3 minute 55 P. M.
21. I hereby certify that I attended the deceased from August 1st, 1934, to October 3, 1940; that I last saw her alive on October 3 (10am), 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart failure	1 day
Due to Cardiac-renal-vascular disease	2 years
Due to Senility	30 years
Other conditions Psychosis (Include pregnancy within 3 months of death)	40 years

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 W. B. Sutton (M. D. ~~or other~~)
Address St. Vincent's Sanitarium Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Louis H. Bapp

....., Registered Apprentice No.....

working under my personal supervision.

Signed Louis H. Bapp

Licensed Embalmer No. 921

P. O. Address Kirkwood

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.