

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

20406

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

5218

1. PLACE OF DEATH:

(a) County 3801 Gravois Avenue, St. Louis, Mo.
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
CONVENT OF GOOD SHEPHERD 5
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
60 YEARS
 years, months or days)

8. (a) PRINT FULL NAME Sr. Mary of St. Julia Hughes

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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 UNKNOWN 1860
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
81 UNKNOWN _____ hr. _____ min.9. Birthplace Mt. Cleme't Michigan
(City, town, or county) (State or foreign country)10. Usual occupation RELIGIOUS

11. Industry or business _____

12. Name James Hughes13. Birthplace Ireland
(City, town, or county) (State or foreign country)14. Maiden name Alice McDonald15. Birthplace Ireland
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Sister Mary of St. Francis(b) Address 3801 Gravois Ave. St. Louis Mo17. (a) BURIAL (b) Date thereof 6-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation CALVARY CEMETERY18. (a) Signature of funeral director Arthur J. Donnelly(b) Address 3840 Lindbergh Blvd19. (a) JUN 25 1941 (b) J. T. Healey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
 (c) City or town ST. LOUIS
 (If outside city or town limits, write "RURAL")
3801 GRAVOIS AVE
 (d) Street No. _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1941 hour 6 minute A M.21. I hereby certify that I attended the deceased from March
20, 1941, to June 24, 1941;
that I last saw her alive on June 21, 1941;
and that death occurred on the date and hour stated above.Immediate cause of death Myocarditis chr. Duration _____

Due to _____

Due to _____

Other conditions family
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) no

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury 023. Signature Joseph Harmon (M. D. or other) _____
Address 3720 Washington Ave Date signed 6/24/41

PHYSICIAN

Underline the cause to which death should be charged statistically

3720 Mark

2-4

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.