

FILED AUG 8 1941

Registration District No. 784

Primary Registration District No. 202

Registrar's No. 1501

9600
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
Incarinate Word Convent 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 52 Years (Specify whether years, months or days)

In this community: (Catherine Murphy)

3. (a) PRINT FULL NAME Sister M. Visitation

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.O.

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

7. Birth date of deceased March 10th., 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Teacher

11. Industry or business Religious

MOTHER FATHER { 12. Name Unk. Murphy Ireland

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant Sister M. Timothy

(b) Address 2100 Normandy Drive.

17. (a) Burial (b) Date thereof 7-19-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Convent Cemetery

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

(b) Address 3840 Lindell Blvd.

19. (a) JUL 18 1941 (Date received local registrar)

2 R. [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Wellston
(If outside city or town limits, write "RURAL")

(d) Street No. 2100 Normandy Drive (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th., year 1941 hour 2 minute 50 P. M.

21. I hereby certify that I attended the deceased from June 23 1941 to July 17 1941
that I last saw her alive on July 17 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis Duration _____

Due to chronic disease

Due to Chronic Myocarditis

Other conditions: J316
(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) _____

(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)
or Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 2807 N. Kingshighway Date signed 7-18-41

PHYSICIAN
Underline the cause to which death should be charged statistically.

707

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, fact should be so stated above.