

Registration District No. 791

Primary Registration District No. 1003

PLACE OF DEATH:

FILED SEP 17 1941
(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
LITTLE SISTERS OF POOR
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 YEARS
In this community 30 YEARS 5 (Specify whether years, months or days)
(MARIE PELLETIER)

3. (a) PRINT SISTER ALINE de PROVIDENCE
FULL NAME

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 SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JULY 9, 1869 (Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 7 If less than one day hr. min.

9. Birthplace WARWICK CANADA (City, town, or county) (State or foreign country)

10. Usual occupation RELIGIOUS

11. Industry or business

MOTHER FATHER {
12. Name PIERRE PELLETIER
13. Birthplace CANADA (City, town, or county) (State or foreign country)
14. Maiden name ADELE LOUCY
15. Birthplace CANADA (City, town, or county) (State or foreign country)

16. (a) Informant SISTER JEANE
(b) Address 3225 N. FLORISSANT AVE

17. (a) BURIAL (b) Date thereof 8-18-41 (Burial, cremation, or removal) (Month) (Day) (Year)
CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 LINDELL BLVD
AUG 17 1941

19. (a) (Date received local registrar)
(b) J. H. Fredick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: MO
(a) State MO (b) County
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 3225 N. FLORISSANT AVE. (If rural, give location)
(e) Citizen of foreign country? CANADA (Yes or No)
If yes, name country CANADA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August 16 day
year 1941 hour 9:00 minute a. M.

21. I hereby certify that I attended the deceased from August 14, 1941, to Aug. 16, 1941 that I last saw the deceased alive on Aug. 16, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coriaria Dilatation
Due to Chronic Myocarditis
Duration 2 days

Other conditions Chronic Interstitial Nephritis
(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) 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) (c) Means of injury
23. Signature Arthur J. Donnelly (M. D. or other)
Address 15-25 W. Cass Ave Date signed 8/16/41

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

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.