

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31950

State File No. _____

Registration District No. 488

Primary Registration District No. 4295

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Hawk Point
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Convent
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Sister Mary Octavia

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 Dec. 29, 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Teacher

11. Industry or business St. Marys Convent

12. Name Andrew Aechel

13. Birthplace St. Louis (City, town, or county) _____ (State or foreign country)

14. Maiden name Anna Gross

15. Birthplace Mehlsack, Germany (City, town, or county) _____ (State or foreign country)

16. (a) Informant St. Marys Institute

(b) Address O'Fallon Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 11, 1941 (Month) (Day) (Year)

(c) Place: burial O'Fallon, Mo.

18. (a) Signature of funeral director H.C. Dallmeyer & Sons

(b) Address St. Charles, Mo.

19. (a) 8-8-41 (Date received local registrar) (b) W. E. Brimmer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town O'Fallon
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7 year 1941 hour 6 ⁰⁰ minute 5 M.

21. I hereby certify that I attended the deceased from April 8 1941, to Aug 7 1941; that I last saw her alive on July 3 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration years

Due to _____

Due to _____

Other conditions _____

(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? _____

(Specify type of place)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Charles L. Garcia (M. D. or other) _____

Address Warrenton, Or. Date signed 8/8/41

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.

P. O. Address.....

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.