

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(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 **St. Anthony Hospital**
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **10 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri **St. Louis 96**
(a) State (b) County
(c) City or town **Lemay Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Forder road Rural**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Sister Mary Placida**

3. (b) If veteran, name war **None**
3. (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 **1857** years

7. Birth date of deceased **March 9 1857**
(Month) (Day) (Year)

8. AGE: Years **84** Months **7** Days **4** If less than one day
hr. min.

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

10. Usual occupation **Teacher religious**

11. Industry or business **Retired**

MOTHER FATHER { 12. Name **Michael Conlin**
13. Birthplace **County Sligo Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary O'Rourke**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sister Mary Emerita**
(b) Address **Nazareth Convent Lemay, Mo. L.**

17. (a) **Burial** (b) Date thereof **Oct. 15, 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Nazareth Cemetery**

18. (a) Signature of funeral director **Chiffonester U.F.C.**

(b) Address **7814 S. Broadway**

19. (a) **OCT 14 1941** (b) **J. F. Bradeck**
(Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **13**
year **1941** hour **8 AM** minute **—** M.

21. I hereby certify that I attended the deceased from **Oct 3rd**
1941 to **Oct 12 1941**
that I last saw him alive on **Oct 12** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**
Duration

Due to
Due to
Other conditions **Penicillin**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy
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**
(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 **J. L. Ferris** (M. D. or other)
Address **4065 Palmar** Date signed **10/13/41**

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

Linus C. Hoffmeister

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broad*

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.