

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Re 3435

39415

State File No. 0

DEC 13 1941

Registration District No. 106

Primary Registration District No. 106

Registrar's No. 2441

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Ursuline Convent 4
(If not in hospital or institution, write street number or location)

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

In this community.....

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Kirkwood 1/2
(If outside city or town limits, write "RURAL")

(d) Street No. 800 E. Monroe 2
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Anna McGaw (Sister Patricia)

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 Feb 28 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	9	3 hr. min.

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

10. Usual occupation Nun

11. Industry or business.....

MOTHER { 12. Name Felix McGaw

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Sarvey

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Ursuline Convent

(b) Address 800 E. Monroe, Kirkwood, Mo

17. (a) Burial (b) Date thereof 12-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address Kirkwood, Mo.

19. (a) DEC 3 1941 (b) E. H. McHarran
(Date received local Registrar) (Registrar's signature)

107 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1
year 1941 hour..... minute 10 P. M.

21. I hereby certify that I attended the deceased from.....
June 1936 to Nov. 1941
that I last saw him alive on Nov. 24 1941
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Generalized arteriosclerosis years

Due to.....

Due to.....

Other conditions Post-fracture, right hip 3 mos
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
1867A

Of autopsy.....

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Abt. 3 mos. ago

(c) Where did injury occur? Ursuline Convent 25
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Ursuline Conv.

While at work? no (Specify type of place) Fall from
(c) Means of injury chain

23. Signature E. J. Vollmer (M. D. or other) MD

Address 50 W. Big Bend, Webster Date signed 1/4/41

gross

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

John M. Meyer

Licensed Embalmer No. *3285*

P. O. Address. *Fitchburg, Mass.*

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.