

Registration District No. 784

Primary Registration District No. 111

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 800 E. Monroe
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
year 1941 hour _____ minute 2:30 P.M.
21. I hereby certify that I attended the deceased from September
1941 to Dec 2nd 1941
that I last saw him alive on Dec 2nd 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
arterio-sclerotic heart disease
repeated -
Due to _____
Due to _____
Other conditions chronic eczema - ulceration
(Include pregnancy within 3 months of death)

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

3. (a) PRINT FULL NAME Sister Elizabeth Maxwell Genevieve

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased April 31 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 2
If less than one day _____ hr. _____ min.

9. Birthplace Iron Mountain Maryland
(City, town, or county) (State or foreign country)

10. Usual occupation Nun

11. Industry or business _____

12. Name Thomas Maxwell

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

14. Maiden name Catherine Lee

15. Birthplace Ireland
(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 12-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cem.

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

(b) Address Kirkwood, Mo.

19. (a) DEC 3 1941 (b) J. McHarrison
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
Of autopsy as above

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) (e) Means of injury _____

23. Signature Thomas C. Bond (M. D. or other) _____
Address 4665 Maryland Date signed 12/2/41

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

16
3

096
4
3

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..... *3288*.....
P. O. Address..... *Wilkesboro, N.C.*.....

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.