. S. No. 2
M—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 551

FILED FEB 24 1942

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 693

1. PLACE OF DEATH:

(a) County

(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 John's Hospital (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis (If outside city or town limits, write "RURAL")

(d) Street No. 307 So. Euclid Ave (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Sister Mary Loyola

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 June (Month) 8 (Day) 1872 (Year)

8. AGE: Years 69 Months 7 Days 14 If less than one day hr. min.

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

10. Usual occupation Religious

11. Industry or business

FATHER
12. Name Michael Halpin
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Winnifred Turner
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Sister Mary Bernardo
(b) Address St Johns Hospital

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director L. Mullen Und Co
(b) Address 5665 Delmar Bl

19. (a) Jan 22 1942 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1/21/42 day year hour minute M.

21. I hereby certify that I attended the deceased from 1/15/22 19 to 1/21/42 19; that I last saw h alive on 1/20/42 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic heart disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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)

(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 O. Hall (M. D. or other)

Address Humboldt Bldg Date signed 1/22/42

(Licensed Embalmer's Statement on Reverse Side)

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 G. G. Farris

Licensed Embalmer No. 3384

P. O. Address St Louis

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.