

FILED JUN 22 1942
16013

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No. 6001

Registrar's No. 169

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town Ballwin, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Institute
(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 Aloysia Stolk

3. (b) If veteran, name war No 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 years
7. Birth date of deceased December 8, 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 23 If less than one day hr. min.

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

10. Usual occupation Teaching

11. Industry or business

12. Name Philip Stolk
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Katherine Sebesty
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Sisters of St. Mary's Institute
(b) Address O'Fallon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Covenant Cemetery, O'Fallon, Mo.

18. (a) Signature of funeral director N.C. Dallenmyer & Son, Inc.

(b) Address 201 N. Second, St. Charles, Mo.

19. (a) June 3/42 (b) E. A. Keithley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town Rural 92
(If outside city or town limits, write "RURAL")
(d) Street No. O'Fallon, Mo. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1942 hour 11 minute 00 A. M.
21. I hereby certify that I attended the deceased from July 31, 1936 to May 31, 1942
the last saw alive on May 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of cervix 1 yr.
Due to metastasis.

Due to

Other conditions (Include pregnancy within 3 months of death) H/O

Major findings: Of operations
Of autopsy

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?
While at work? (Specify type of place) Means of injury 0
23. Signature Nicholas J. Honick M. D. or 0
Address O'Fallon, Mo. Date signed 6/2/42

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

72
00

D. M. G. 2188A-92

682

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 E Dellmeyer

Licensed Embalmer No. *0951*

P. O. Address *St Charles Mo*

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.