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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25376

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1531

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution: NAZARETH CONVENT 3 (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 ST. LOUIS 96

(c) City or town LEMAY (If outside city or town limits, write "RURAL.") 0

(d) Street No. 1 RINGE Rd & FORDER (If rural, give location) 0

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

If yes, name country 0

3. (a) PRINT FULL NAME SISTER ROSE VINCENT

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 years

7. Birth date of deceased UNKNOWN (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
ABOUT	84			hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation TEACHER

11. Industry or business RELIGIOUS

FATHER
12. Name JOHN REINHART
13. Birthplace UNKOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name " "
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant Sister M. Remigia

(b) Address Nazareth Con Lemay Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18 42 (Month) (Day) (Year)

(c) Place: burial or cremation NAZARETH CEN.

18. (a) Signature of funeral director C Hoffmeister Wm L Co

(b) Address 7814 S. Broadway

19. (a) JUL 17 1942 (Date received local registrar) (b) E. G. McGovern M.D. B.C. (Registrar's signature)

909

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th year 1942 hour 6:45 minute P. M.

21. I hereby certify that I attended the deceased from Jan 6, 1942, to July 15th, 1942 that I last saw her alive on July 13th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of the rectum	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Waldo H Will (M. D. or other)

Address Lemay R8 Mo Date signed 8/17/42.

(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 Edwin H. Leibinger

Licensed Embalmer No. 4049

P. O. Address 6464 Chippewa

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.