

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 2064

Registration District No. 28K

Primary Registration District No. 200.

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

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 Conv. 5
(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 Missouri (b) County St. Louis

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

(d) Street No. R. F. D. Nazareth Conv.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME SISTER MARY ERMELINDA

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: January 25 1978
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	8	9	hr. <u>--</u> min.

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

10. Usual occupation Teacher

11. Industry or business Parochial Schools

12. Name Unknown

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

14. Maiden name "

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

16. (a) Informant Superior, Nazareth Convent,
(b) Address Lemay, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Nazareth Convent, Lemay, Mo.

18. (a) Signature of funeral director: C. Hoffmeister, L. S. Co.

(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) OCI - 5 1942 (Date received local registrar) (b) C. L. Mc Garrison, M. S. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4 year 1942 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 2, 1942, to Oct 4, 1942 that I last saw her alive on Oct 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the colon

Due to: ---

Due to: ---

Other conditions: --- (Include pregnancy within 3 months of death)

Major findings: --- Of operations: ---

Of autopsy: ---

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 Waldorf Hill (M. D. or other) ---
Address Lemay R 8 Mo Date signed 10/5/42

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.....
Edwin H. Johnson

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.