S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1943

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 29184

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 138

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

**1. PLACE OF DEATH:**

(a) County St. Charles

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

(c) Name of hospital or institution: Sacred Heart Academy (If not in hospital or institution, write street number or location) 5

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) Lifetime

**2. USUAL RESIDENCE OF DECEASED:** 92

(a) State Missouri (b) County St. Charles

(c) City or town St. Charles (If outside city or town limits, write "RURAL") 3

(d) Street No. Academy of Sacred Heart (If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Mother Mary C. Cribbin

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 0

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

7. Birth date of deceased January (Month) 20 (Day) 1865 (Year)

8. AGE: Years 78 Months 6 Days 15 If less than one day hr. min.

9. Birthplace St. Charles (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Religious Teacher

11. Industry or business

FATHER
12. Name William Cribbin 1
13. Birthplace New Orleans (City, town, or county) Louisiana (State or foreign country)

MOTHER
14. Maiden name Margaret Harrington
15. Birthplace Tenknown (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Sisters of Sacred Heart Academy

(b) Address St. Charles, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) 6 (Day) 1943 (Year)

(c) Place: burial or cremation Convent Cem. St. Charles Mo.

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co.

(b) Address 801 N. Second, St. Charles, Mo.

19. (a) 8-5-1943 (Date received local registrar) (b) Ernst E. Paule (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 4 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from August 2, 1943 to August 4, 1943 that I last saw her alive on August 4, 1943 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral hemorrhage | 48 hrs. |
| Due to Arteriosclerosis | |
| 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 E. J. Conley (M. D. or other) M.D.

Address St. Charles, Mo. Date signed 8-6-43

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(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 John E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**