No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35[illegible]

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 2324

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Rich. Hgts
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10/2/43 to 10/13/43 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: California (b) County: 999
(c) City or town: Saratoga
(If outside city or town limits, write "RURAL")
(d) Street No.: Notre Dame de Namur
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 21

3. (a) PRINT FULL NAME: Eloisa, Sister Marie (Delatore) S.N.D.

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: Sept. (Month) 30 (Day) 1901 (Year)

8. AGE: Years 42 Months — Days 11 If less than one day hr. min.

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

10. Usual occupation: Teacher

11. Industry or business: Notre Dame de Namur

MOTHER FATHER

12. Name: Frank Delatore

13. Birthplace: (City, town, or county) unknown (State or foreign country) ?

14. Maiden name: Eloisa Lopes

15. Birthplace: (City, town, or county) unknown (State or foreign country) ?

16. (a) Informant: Sister of Mt St Rose
(b) Address: 9100 S Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-43 (Month) (Day) (Year)
(c) Place: burial or cremation: S.S. Peter & Paul

18. (a) Signature of funeral director: Fendler Bros
(b) Address: 4420 Lac. Chippewa

19. (a) OCT 18 1943 (Date received local registrar) (b) C. J. McLaughlin M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13 year 1943 hour ~~12~~ 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from 12 29 1941 to Oct 13 1943 that I last saw her alive on Oct 13 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary tuberculosis	5 yrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Schizophrenia	5 yrs

Major findings:
Of operations: Confirmed clinical.
Of autopsy: 1341

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: James L. Arnold (M. D. or other)
Address: 634 N. Grand Date signed 10-15-43

(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 Oliver E. Findley

Licensed Embalmer No. 4148

P. O. Address St. Louis, 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.