DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED NOV 20 1943 818 1003

State File No. 36810

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 9772

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: Convent of the Good Shepherd 5 Gravois (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 17 1/6

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

(d) Street No. 3801 Gravois Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Sr. Magdalen of the Holy Face (Louise Proper)

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race W.

6. (a) Single, widowed, married, divorced S.

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September (Month) 5 (Day) 1909 (Year)

8. AGE: Years 34 Months 2 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Albany, New York (City, town, or county) (State or foreign country)

10. Usual occupation Religious

11. Industry or business _____

FATHER
12. Name Unknown
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) _____ (State or foreign country)

16. (a) Informant's own signature Sister Mary of St Francis Xavier

(b) Address 3801 Gravois Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) NOV 8 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7th year 1943 hour 6 am minute _____ M.

21. I hereby certify that I attended the deceased from Sept 1943, 19__, to Nov. 7, 1943 that I last saw her alive on Nov. 4th, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac colapse. Myocardial degeneration. Duration

Due to Pulmonary Tuberculosis. Tuberculous arthritis

Due to _____

Other conditions — (Include pregnancy within 3 months of death)

Major findings: Of operations None done

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 Dr J. A. O'Donnell (M. D. or other)

Address 2918 So Kingshighway Date signed 11/7/43

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19511

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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, above space should be left blank.