

FILED DEC 15 1943

Registration District No.

Primary Registration District No. 6076

Registrar's No.

2708

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town NORMANDY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
VILLA ST. LOUISE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME SISTER TERESA SHEA

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JUNE 7 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 ? ? hr. min.

9. Birthplace Unknown IRELAND
(City, town, or county) (State or foreign country)

10. Usual occupation RELIGIOUS

11. Industry or business DAUGHTERS OF CHARITY

MOTHER FATHER { 12. Name UNKNOWN 9
13. Birthplace " " 9
(City, town, or county) (State or foreign country)
14. Maiden name " " 9
15. Birthplace " " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Isabella

(b) Address Marillac Seminary

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-43
(Month) (Day) (Year)

(c) Place: burial or cremation Marillac Cemetery

18. (a) Signature of funeral director Callan + Kelly

(b) Address 2217 Natural Bridge

19. (a) DEC - 8 1943 (Date received local registrar) (b) E. G. Mc Garrard, M. D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis
(c) City or town Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. Villa St. Louise
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 13 Oct 43
4 1943 to Dec 6 43
that I last saw him alive on Nov 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
General
Due to _____
Due to _____

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

Major findings: Of operations _____ 97
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? _____

While at work? _____ (Specify name of place) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed _____

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

Doctor Buddy
University Club.

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..... *Clement McNeary*

Licensed Embalmer No. *3732*

P. O. Address: *St. Louis*

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.