

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 7 1944

Registration District No. 2947

Primary Registration District No. 6076

Registrar's No. 250

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Vincent's Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 years 9 days
(Specify whether years, months or days)

In this community Yes

2. USUAL RESIDENCE OF DECEASED:

(a) State ARK. (b) County 96

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

(d) Street No. MT. ST MARY ACADEMY
(If rural, give location)

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

3. (a) PRINT FULL NAME Sister Mary Michael Carroll

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29
year 1944 hour 2 minute 25 P. M.

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: March 23 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1939 to Jan. 29, 1944
that I last saw her alive on Jan. 29, 1944
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	69	10	6	hr. _____ min. _____

Immediate cause of death: Cerebral - renal - specular disease

Duration 4 yrs.

9. Birthplace Ireland (City, town, or county) (State or foreign country) 4

10. Usual occupation Religious

Due to _____

Due to _____

11. Industry or business _____

12. Name _____

13. Birthplace Ireland (City, town, or county) (State or foreign country) 4

14. Maiden name _____

15. Birthplace Ireland (City, town, or county) (State or foreign country) 4

Other conditions Insular psychosis 13 yrs.
(Include pregnancy within 3 months of death)

16. (a) Informant SISTER MARY DOMINICK
(b) Address MERCY CONVENT, WEBSTER

17. (a) BURIAL (b) Date thereof JAN. 31-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MERCY CONVENT CEM.

18. (a) Signature of funeral director L. Mullen Head R
(b) Address 5165 DELMAR BL.

19. (a) JAN 31 1944 (b) E. H. McCarren, MD
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy 121a

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 W. B. Lutton (M. D. position) _____
Address St. Vincent's Sanitarium Date signed 1-29-44

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

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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..... *H. G. Farris*

Licensed Embalmer No. *3384*

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.