

FILED JAN 24 1944

Registration District No. 3

Primary Registration District No. 3069

Registrar's No. 108

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

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town RICH HTS MO  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: MOTHER HOUSE SISTERS OF ST MARY  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 25 YEARS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS

(c) City or town RICHMOND HTS MO  
(If outside city or town limits, write "RURAL")

(d) Street No. 1100 BELLEVUE AVE  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SISTER MARY PACIFICA

3. (b) If veteran (NEE-HILDEBRANDT) (c) Social Security name war \_\_\_\_\_ No. NONE

4. Sex F 5. Color or race W 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 FEB 7 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 11 6 7 hr. 0 min.

9. Birthplace KOELN (COLOGNE) RHINE GERMANY  
(City, town, or county) (State or foreign country)

10. Usual occupation SISTER IN RELIGION

11. Industry or business \_\_\_\_\_

12. Name CARL HILDEBRANDT II

13. Birthplace Unknown GERMANY  
(City, town, or county) (State or foreign country)

14. Maiden name FRANCISKA GISSINGER II

15. Birthplace Unknown GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant Rev Mother Inem

(b) Address 1100 Bellevue Ave

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

(c) Place: burial or cremation CALVARY CEM

18. (a) Signature of funeral director Walter Bookeg

(b) Address 6536 Clayton Rd

19. (a) JAN 15 1944 (b) E. H. McKeenan, M.D.  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 14 year 1944 hour 7 minute 0 A. M.

21. I hereby certify that I attended the deceased from Jan 3 to Jan 14 1944

that I last saw her alive on Jan 14 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Disease

Due to Myocardial Infarction

Due to Coronary Disease

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 93d

Duration \_\_\_\_\_

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 type of place) (a) Means of injury \_\_\_\_\_

23. Signature James P. Dode (M.D. or other) \_\_\_\_\_

Address 1009 W. Trade Date signed 1/14/44

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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.....

*John Agnoski*

Licensed Embalmer No..... *3298* .....

P. O. Address.....

**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.**