

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

FILED JAN 12 1945

Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay Mehlville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Nazareth Convent Ringer Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Sister Mary Thecla Marriman

3. (b) If veteran, name war None

3. (c) Social Security No. None

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 February 1853
(Month) (Day) (Year)

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

About 91 hr. min.

9. Birthplace Frederickton Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business Retired

12. Name Mary Marriman

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

14. Maiden name Mary Reed

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

16. (a) Informant Sister Louis Bertram

(b) Address Burial Nazareth Convent, Lemay, Mo.

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof Dec. 15, 44
(Month) (Day) (Year)

(c) Place: burial or cremation Nazareth Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) 15 '44 (b) E. J. Maltzman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Mehlville Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Ringer Road
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 13
Year 1944 hour 2. minute 45 a.m.

21. I hereby certify that I attended the deceased from Jan 2, 1944 to Dec 13, 1944
that I last saw her alive on Dec 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Senility

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration 3

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)

Means of injury 0

Signature Waldoff Hull (M. D. or other) _____

Date signed Jan 12 1945

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..... *Louis C. Hoffmeister*

Licensed Embalmer No..... *3871*

P. O. Address..... *7814 Broadway*

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.