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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 25 1945

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 96

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 396

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution: De Paul Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days) In this community 54 yrs. 11mo. 28 days

**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. Marillac Seminary (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Sister Josephine Browne (Sr. Ignatia)

3. (b) If veteran, name war

3. (c) Social Security No.

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 January (Month) 6 (Day) 1872 (Year)

8. AGE: Years 73 | Months 0 | Days 7 | If less than one day hr. min.

9. Birthplace Keokuk, Iowa (City, town, or county) / (State or foreign country)

10. Usual occupation Teaching

11. Industry or business Religious

MOTHER FATHER

12. Name Patrick Browne

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

14. Maiden name Catherine Nelson

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

16. (a) Informant Sister Caroline

(b) Address Marillac Seminary

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-45 (Month) (Day) (Year)

(c) Place: burial or cremation Marillac Cem.

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

(b) Address 4386 Lindell Blvd.

19. (a) JAN 15 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 13 year 1945 hour 9:45 minute A.M.

21. I hereby certify that I attended the deceased from January 4, 1945, to Jan 13, 1945 that I last saw him alive on Jan 12, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism — Duration

Due to Intestinal obstruction

Due to Strangulated femoral hernia

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Gangrene of Coop of small intestine

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 Henry A. Harrell (M. D. or other)

Address 607 N Grand Blvd. Date signed 1-13-45

(Licensed Embalmer's Statement on Reverse Side)

## 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 James A. Lammers

Licensed Embalmer No. 4142

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.**