No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 18 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28407

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1199

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Lemay Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nazareth Convent
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. Nazareth Convent
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sister Mary Agnella Cleary

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

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January (Month) 25 (Day) 1864 (Year)

8. AGE: Years 81 Months 6 Days 15 If less than one day hr. min.

9. Birthplace Ashton (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Teacher Retired

11. Industry or business

MOTHER FATHER
12. Name John Cleary
13. Birthplace County Meath (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Margaret Kinsella
15. Birthplace Co. West Meath (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mother Louis Bertrand
(b) Address Naza reth Convent Lemay, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 11, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Nazareth Cemetry

18. (a) Signature of funeral director C. Hoffmeister U.&L. Co.
(b) Address 7814 S. Broadway

19. (a) 8-11-45 (Date received local registrar) (b) E. B. McDonald M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9 year 1945 hour minute M.

21. I hereby certify that I attended the deceased from June 2nd, 1945 to Aug 9th, 1945; that I last saw her alive on Aug 8th, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic interstitial nephritis — ?
Due to
131 b
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
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 Waldo Hull (M. D. or other)
Address Lemay R 8 Mo Date signed 8/10/45.

(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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. 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.