S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 27 1946

State File No. 18647

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4308

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Visitation Convent
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 yrs. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Oo
(c) City or town St. Louis 5/7 (If outside city or town limits, write "RURAL")
(d) Street No. 5448 Cabanne Ave. (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Sister Mary Clare Ley

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

4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced S.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. 10th., 1867 (Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 2 If less than one day hr. min.

9. Birthplace (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Religious
11. Industry or business

FATHER
12. Name Peter Ley
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Eva Ochman
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Sister N. Raphael Kuly
(b) Address 5448 Cabanne Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) MAY 13 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 12th, day 1946 year hour 11 minute 55 p. M.

21. I hereby certify that I attended the deceased from Jan 4 - 1945 to May 12 1946 that I last saw her alive on May 11 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemiplegia	8 hrs
Due to: second attack	
Due to: arteriosclerosis	4 yrs
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 Wm P. Glennon (M. D. or other)
Address University Club Bldg St. Louis Mo Date signed 5/13/46

(Licensed Embalmer's Statement on Reverse Side)

D[redacted]ennon
Univ.Club Bldg.

1-3 pm

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lundell

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.