

No. 2
-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

34829

FILED OCT 28 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. 317

Primary Registration District No. 6076

3126

1. PLACE OF DEATH:

(a) County Saint Louis Mo.
 (b) City or town Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Villa Jesus
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Fifteen years
 (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 St. Ferdinand
 (If outside city or town limits, write "RURAL")
 (d) Street No. Cham of Rock Rd.
 (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Sister Mary Humilis Palis
 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 divorced
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 30 1858
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 3 20 hr. min.

9. Birthplace Paris France
 (City, town, or county) (State or foreign country)

10. Usual occupation Teacher Religion

11. Industry or business _____

MOTHER FATHER
 12. Name Paul Palis
 13. Birthplace France
 (City, town, or county) (State or foreign country)
 14. Maiden name Elisabeth Vaney
 15. Birthplace France
 (City, town, or county) (State or foreign country)

16. (a) Informant Sister Mary Telesma

(b) Address 1200 Riverbain Drive

17. (a) Villa Jesus (b) Date thereof Oct. 23 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Villa Jesus

18. (a) Signature of funeral director Funder Had Co.

(b) Address 7420 Michigan Ave.

19. (a) 10-2-46 (b) Paul Palis
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20
 year 1946 hour 5 minute 45 A.M.
 21. I hereby certify that I attended the deceased from July 1938 to Oct 1946
 that I last saw her alive on October 16 and that death occurred on the date and hour stated above.

Immediate cause of death: Senility
 Due to 186A
 Due to 186B

Other conditions: Fracture of R Hip
 (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) no

(b) Date of occurrence 7/15

(c) Where did injury occur? In the home
 (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) (e) Means of injury fall

23. Signature John Cloud (M. D. or other) MD

Address 5005A Groves Date signed 10/21/46

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

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 *Ernest W. Spillars*

Licensed Embalmer No. *H 080*

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.