

No. 2
12-45
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X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19263

FILED JUN 13 1947

State File No. _____
Registrar's No. 5398

Registration District No. 318 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
St. Anthony Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 17

(d) Street No. 3400 So. Grand Blvd.
(If rural, give location) 18

(e) Citizen of foreign country? _____ (Yes or No) 18

If yes, name country _____

3. (a) PRINT FULL NAME Sister Cyprienne de LeProvidence

3. (b) If veteran, (Anna Leonide Racine) 34 (c) Social Security name war _____ No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st year 1947 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from Apr. 24 to May 31 1947

that I last saw her alive on May 31 and that death occurred on the date and hour stated above.

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: September 12 1875
(Month) (Day) (Year)

Immediate cause of death: Calculus Typhoid
febrilis 2W

Due to _____

Due to uraemia 2W

Other conditions: 134
(Include pregnancy within 3 months of death)

8. AGE: Years 71 72 Months 8 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Religious - 40 Yrs.

Major findings: 134

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Dont Know.

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

14. Maiden name Dont Know.

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

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? _____

16. (a) Informant Sister Ludwine

(b) Address 3400 So. Grand Blvd.

17. (a) Burial (b) Date thereof June 2, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) JUN 1 1947 (b) J. F. Bredet
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) 57

Address 607 1/2 Grand Date signed 5/14/47

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

me

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..... *me*

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Loren E. Percy*

Licensed Embalmer No. *4094*

2842 Meramec St.
P. O. Address..... St. Louis, 18, Missouri.

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.