

V. S. No. 2
 FORM-5-43
 Rev. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **22996**
 Registrar's No. **1384**

Registration District No. **517**

Primary Registration District No. **6076**

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

96
 0
 0

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Lemay
 (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)

3. (a) PRINT FULL NAME (Sister Mary Pacifica O'BRIEN)
 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 2 1867
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ABOUT 80 hr. min.

9. Birthplace England 4
 (City, town, or county) (State or foreign country)

10. Usual occupation Teaching

11. Industry or business _____

12. Name Timothy O'Brien

13. Birthplace Ireland 4
 (City, town, or county) (State or foreign country)

14. Maiden name Catherine Snow

15. Birthplace Ireland 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Sister M. Eileen
 (b) Address Nazareth Convent, Lemay, Mo.

17. (a) Burial (b) Date thereof June 30, 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Nazareth Con.

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

19. (a) 6-30-47 (b) Carl J. Sheehan
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis 96
 (c) City or town Lemay Rural 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. Forder & Ringer Road 0
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 27
 year 1947 hour 8:20 minute 0 P. M.

21. I hereby certify that I attended the deceased from Apr 4 1946, to June 27 1947.
 that I last saw her alive on June 25 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Senility 1626
 ?
 Due to _____
 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? _____
 While at work? _____ (Specify type of place)
 (e) Means of injury 0

23. Signature Waldo Hall (M. D. or other)
 Address Lemay R.R. (23) Mo. Date signed 6/28/47

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. Ehrenacker*
Licensed Embalmer No. *2679*
P. O. Address *7814 P. 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.