

No. 2
-12-45
-5-17-39
I X47070

Registration District No. 310 Primary Registration District No. 3058

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

1. PLACE OF DEATH:

(a) County St. Charles

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

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

(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community 3 weeks years months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 320 East Ripa 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sister M. Ludmilla Marron S.S.N.D.

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1947 hour 12:56 minute P. M.

21. I hereby certify that I attended the deceased from July 12
1947 to July 19 1947
that I last saw her alive on July 19 1947
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. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: February 19 1883
(Month) (Day) (Year)

Immediate cause of death
Cerebral Hemorrhage Duration 1 WK.

Due to Hypertension, arteries
sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: 83A
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
64 5 0 hr. min.

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

10. Usual occupation Teacher

11. Industry or business School Sisters of Notre Dame

12. Name James Marron

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

14. Maiden name Pauline Krewiec

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

16. (a) Informant Sister M. Theodosia S.S.N.D.

(b) Address 320 East Ripa St. Louis, Mo.

17. (a) burial (b) Date thereof July 22, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Missouri

18. (a) Signature of funeral director H. L. Dallmeyer & Sons Co.

(b) Address 800 N. 2nd St. Charles, Mo.

19. (a) 7-24-47 (b) F. Annis
(Date received local registrar) (Registrar's signature)

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 _____

Signature V. A. Schneider (M. D. or other) MD
Address St. Charles, Mo. Date signed 7/24/47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 29 1947

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.....

Herbert C. Dallmeyer....., Registered Apprentice No. *429*
working under my personal supervision.

Signed..... *Joseph F. Landoer*
Licensed Embalmer No. *4189*
P. O. Address..... *St Charles*

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.