V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 4 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

26334

State File No. 0

Registration District No. 3 / 9

Primary Registration District No. 6076

Registrar's No. 1614

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Normandy (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Incarnate Word Convent (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 yrs. (Specify whether
In this community 64 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Normandy (If outside city or town limits, write "RURAL")
(d) Street No. 2800 Normandy Drive (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sister N. Clementine Donnelly
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 Jan. 19th., 1863 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	6	11	hr. min.

9. Birthplace Yoakum (City, town, or county) Texas (State or foreign country)
10. Usual occupation Religious
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Sister Bernadette C.C.V.I.
(b) Address 2800 Normandy Drive
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation Convent Cemetery
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) 7-31-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 29th. year 1947 hour 7 minutes 30 P. M.
21. I hereby certify that I attended the deceased from 5-10-47 to 7.20 1947 to 19 that I last saw her alive on 7-19 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. Myocarditis	2 wks
Due to: Arterio sclerosis	10 yrs
Due to: Senile nephritis	12 yrs
131 lb	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 [signature] (M. D. or other)
Address 340 Bernada Ave Date signed 7-30-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Dr. Hinkerfuss
340 Bermuda Ave. 3-7 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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.