

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

FILED NOV 14 1947 318

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County MISSOURI

(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. JOHN'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 DAYS
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME MARCELLA SIERMANN
SISTER IRENAEUS

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 SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MARCH 17 1920
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

27	7	20	hr. min.
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9. Birthplace ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation SCHOOL TEACHER

11. Industry or business _____

MOTHER FATHER

12. Name CASPER SIERMANN

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

14. Maiden name LOUISE EVERS MANN

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

16. (a) Informant SISTER MARY SANKTINA

(b) Address 5036 RHODES

17. (a) BURIAL (b) Date thereof Nov. 5, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MOTHER HOUSE 320 RIPA AV.

18. (a) Signature of funeral director Thomas Kuti & Son

(b) Address 2906 GRAVOLS

19. (a) NOV 3 1947 (b) J. Braddock
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

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

(d) Street No. 5036 RHODES AVE 9
2 (If rural, give location) 0

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 2
year 1947 hour 8:30 minute _____ M.

21. I hereby certify that I attended the deceased from OCT 26
1947 to NOV 2, 1947

that I last saw her alive on NOV 2, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Myocarditis 3 day
Tuberculosis 1 wk.

Due to _____

Due to _____

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

108

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) (c) Means of injury _____

23. Signature [Signature] (M. D. or other) MD
Address 1952 Maryland Date signed 1/13/47

1957
M. J. Davis

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.....

James C. Hill

Licensed Embalmer No. 4347

P. O. Address. 2906 Travis

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.