No. 2
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17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 24 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 72370

Registration District No. 317 — Primary Registration District No. 3063 — Registrar's No. 388

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fontbonne College Wydown & Big Bend (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community 20 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Clayton (If outside city or town limits, write "RURAL") 2
(d) Street No. Fontbonne College Wydown & Big Bend (If rural, give location) 3
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Sister Mary Julita (Octave Beaudet)
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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased October (Month) 27 (Day) 1866 (Year)

8. AGE: Years 81 Months 3 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Mendota (City, town, or county) Minn. (State or foreign country)
10. Usual occupation Sister in Religion
11. Industry or business Fontbonne College
12. Name Octave Beaudet
13. Birthplace Unknown (City, town, or county) Canada (State or foreign country) 2
14. Maiden name Julia Le May
15. Birthplace unknown (City, town, or county) Canada (State or foreign country) 2
16. (a) Informant Mother Berenice
(b) Address Fontbonne College
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Nazareth Cemetery
18. (a) Signature of funeral director Watson Bocklage
(b) Address 6536 Clayton Rd.
19. (a) 2-9-48 (Date received local registrar) (b) Carl A. Sharp MD (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8th year 1948 hour 12 minute 10 P.M.
21. I hereby certify that I attended the deceased from Feb/8 48, 19..., to Feb/8 1948 that I last saw her alive on Feb/8 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Embolism
Due to: Chronic Myocarditis &
Due to: Coronary sclerosis
Other conditions (Include pregnancy within 8 months of death): 93a
Major findings: Of operations None
Of autopsy None

Duration

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 0
23. Signature [signature] (M. D. or other)
Address [illegible] Date signed 2/9/48

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

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.