

No. 2  
M-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7438/

State File No.

FILED MAR 8 1948

Registrar's No. 518

Registration District No. 317

Primary Registration District No. 6076

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 1  
(not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Lemay 0  
(If outside city or town limits, write "RURAL")

(d) Street No. Nazareth Convent 0  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sister M. Mepentia RYAN

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 Dec. 14 1877  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21  
year 1948 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 1943 to Feb 21 1948  
that I last saw him alive on Feb 18 1948  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>2</u>	<u>7</u>	hr. _____ min. _____

Immediate cause of death:

Chronic degenerative  
Heart disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration 8 1/2

9. Birthplace Co. Limerick Ireland  
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business Retired

Major findings:

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name John Ryan

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

14. Maiden name Mary Diogran

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

16. (a) Informant Sister Louis Bertrand

(b) Address Nazareth Convent Lemay, 23, Mo.

17. (a) Burial (b) Date thereof Feb 24 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nazareth Con.

18. (a) Signature of funeral director C. Hoffmeister U. & I. Co.

(b) Address 7814 S. Broadway

19. (a) 2-24-48 Beulah Haynes  
(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 \_\_\_\_\_

23. Signature J. R. Ferguson M. D. or other \_\_\_\_\_  
Address 539 N. Grand Date 2-23-48

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

1200  
5392  
Pa 2547  
De Pauls Hosp  
9 am

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. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7514 S 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.