

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 16 1948
Registration District No. 310

MISSOURI ILLUSTRATION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20529
Registrar's No. 107

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:
Academy of the Sacred Heart
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community _____ years, months or days)

3: (a) PRINT FULL NAME Mother Lily R. Grace
3. (b) If veteran, name war NIL 3. (c) Social Security No. NIL

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 December 11 1889
(Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days 22 If less than one day hr. min.

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

10. Usual occupation Teacher

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Grace
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Patterson
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Mother Lucy Lamy
(b) Address 619 N. 2nd-St. Charles, Mo.

17. (a) burial (b) Date thereof June 5-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Convent Cemetery St. Charles, Missouri

18. (a) Signature of funeral director H. C. Dalmeyer & Son
(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) June 7-48 (b) Francis Flannery
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 619 N. Second Street
Academy of the Sacred Heart
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1948 hour 5:30 minute _____ A. M.
21. I hereby certify that I attended the deceased from Dec
1947, to June 3, 1948
that I last saw her alive on June 1, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Sarcoma of the uterus
with
several metastasis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: uterine malignancy PHYSICIAN _____
Of operations _____ Underline the cause to which death should be charged statistically.
Of autopsy _____

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 Joe K. Trass (M. D. or other) _____
Address 1634 N. Grand Blvd Date signed 6-4-48

RECEIVED
District Health Officer No. 9,
Districts File Number
Date Filed JUN 15 1948

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 *Elmer R. Cadwell*

Licensed Embalmer No. 4077

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.