No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1948

Registration District No. 317

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 28484

Registrar's No. 2059

1. PLACE OF DEATH:

(a) County Saint Louis

(b) City or town Rural - St. Ferdinand
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Villa Gesu
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Nine months (Specify whether
In this community Five years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Ferdinand
(If outside city or town limits, write "RURAL")

(d) Street No. Riverview Drive
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Sister Mary Edith Frappier

3. (b) If veteran, name war no No

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none

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

7. Birth date of deceased Mar. (Month) 3 (Day) 1870 (Year)

8. AGE: Years 78 Months 5 Days 24 If less than one day hr. min.

9. Birthplace Marquette (City, town, or county) Michigan (State or foreign country)

10. Usual occupation Teacher Nun

11. Industry or business Order of Notre Dame

FATHER
12. Name Peter Frappier
13. Birthplace (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name Evelyn Roberts
15. Birthplace (City, town, or county) England (State or foreign country)

16. (a) Informant Sister Mary Loyala, S.S.N.D.
(b) Address 12000 Riverview Drive

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug. 30 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Villa Gesu Cemetery

18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.

19. (a) 8-30-48 (Date received local registrar) (b) Carl A. Z. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27th.
year 1948 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from Apr 13, 1948, to 8-26, 1948, that I last saw her alive on 8-26, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of liver	6 mo.
Chr. myocarditis	3 yrs.
Due to cerebral hemorrhage (left)	24 hrs.
Due to 46 f	
Other conditions (Include pregnancy within 3 months of death)	

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Leon J. Weyerich (M. D. or other) MD
Address 82129 N. Broadway Date signed 8-27-48

(Licensed Embalmer's Statement on Reverse Side)

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. A 3360

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.