

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18201

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 879

1. PLACE OF DEATH a. COUNTY <u>Villa Grove</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Villa Grove</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	
c. LENGTH OF STAY (in this place) <u>Three years</u>		d. STREET ADDRESS (If rural, give location) <u>Box 503 St. Louis, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Villa Grove</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sister Mary</u> b. (Middle) <u>Hermana</u> c. (Last) <u>Theroux</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 31 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov. 19 1860</u>
9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>12</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Canada</u>	12. CITIZEN OF WHAT COUNTRY? <u>2</u>
13a. FATHER'S NAME <u>Joseph Theroux</u>	13b. MOTHER'S MAIDEN NAME <u>Archibald Paris</u>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Sister M Loyola - Box 503 St. Louis Mo</u> ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> ANTECEDENT CAUSES DUE TO (b) <u>chronic atherosclerosis</u> <u>5 yrs.</u> <u>disease</u> DUE TO (c) <u>4426</u> <u>442X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u> <u>131B</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Apr</u> , 19 <u>48</u> , to <u>3-31</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-29</u> , 19 <u>49</u> , and that death occurred at <u>6:30</u> pm., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. W. Smith, M.D.</u> (Degree or title)		23b. ADDRESS <u>8212 1/2 N. Broadway</u>	23c. DATE SIGNED <u>4-1-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 3, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Villa Grove Cemetery</u>	24d. LOCATION (City, town or county) (State) <u>St. Louis Mo, St. Ferdinand</u>
DATE REC'D BY LOCAL REG. <u>4-3-49</u>	REGISTRAR'S SIGNATURE <u>Theroux</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Funderburk</u> ADDRESS <u>2420 Michigan</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

..... Student Embalmer No.

working under my personal supervision.

Signed W E Morris.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3360.....

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.