

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25717

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

BIRTH NO. _____ REG. DIST. NO. 917 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1181

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>Nazareth Convent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NAZARETH CONVENT</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay</u>	
		d. STREET ADDRESS (If rural, give location) <u>R. 11 - Box 370</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sister Mary Lucida</u> b. (Middle) <u>Savage</u> c. (Last) <u>Savage</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 16, 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>Aug. 24, 1863</u>
9. AGE (in years) (last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teaching</u>	11. BIRTHPLACE (State or foreign country) <u>Scott Co. Kentucky</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Patrick Savage</u>		13b. MOTHER'S MAIDEN NAME <u>Bridget Nealon</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sister M. William Lemay</u>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(Senile)</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</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) (Minute)	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>Dec 18, 1948</u> , to <u>July 17, 1949</u> , that I last saw the deceased alive on <u>July 1, 1949</u> , and that death occurred at <u>6:15 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. P. Glennon M.D.</u>		23b. ADDRESS <u>University Club Bldg</u>	23c. DATE SIGNED <u>7/16/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>July 18, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nazareth</u>	24d. LOCATION (City, town, or county) (State) <u>Lemay, St. Louis Co Mo</u>
DATE REC'D BY LOCAL RES. <u>7-17-49</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Rands</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. P. Glennon</u>	
		ADDRESS <u>7814 S Broadway</u>	

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Dennis - Walker

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.

Student
Student Embalmer

Signed Louis C. Hoffmuth

Licensed Embalmer No. 3871

P. O. Address 7814 S Broad

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.