No. 300
10.48

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32588 #3035
Registrar's No. 03507

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Wellston
c. LENGTH OF STAY (In this place): 40 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Vincent's Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Wellston
d. STREET ADDRESS (If rural, give location): 7300 St. Charles Rock Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): Sister Aloysia
b. (Middle): (Jane Frances)
c. (Last): Ratty

4. DATE OF DEATH (Month) (Day) (Year): Sept. 16 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Dec. 6, 1860
9. AGE (In years last birthday): 88 — If under 1 year: Months 3, Days 9; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Religious
10b. KIND OF BUSINESS OR INDUSTRY: Sisters of Charity
11. BIRTHPLACE (State or foreign country): Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: Nicholas Ratty
13b. MOTHER'S MAIDEN NAME: Mary Kelly
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Sister Mary Vincent St. Vincent's Sanitarium — 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertensive Cardio-Vascular renal disease. — Unknown
DUE TO (c) Generalized Arteriosclerosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None — 442X
20. AUTOPSY? YES ☐ NO ☒

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): — 442X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Jan, 1948, *to* Sept. 15, 1949, *that I last saw the deceased alive on* Sept 15, 1949, *and that death occurred at* 4:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J R Barret MD
23b. ADDRESS: 7511 Delmar Blvd
23c. DATE SIGNED: 9-16-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9/17/49
24c. NAME OF CEMETERY OR CREMATORY: MARILLAC
24d. LOCATION (City, town, or county) (State): NORMANDY Mo

DATE REC'D BY LOCAL REG.: 9-19-49
REGISTRAR'S SIGNATURE: Robert R. Hanks M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Cullen & Kelly 7267 Natural Bridge
(Licensed Embalmer's Statement on Reverse Side)

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

HAN-28

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 James G. Lammers

Signed _____
Student Embalmer

Licensed Embalmer No. 4142

P. O. Address St. Louis Mo.

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.