

FILED SEP 2 1957

STANDARD CERTIFICATE OF DEATH

State File No. 29386

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7502

1. PLACE OF DEATH
a. COUNTY
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place)
St. Louis
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital 26
STREET ADDRESS (If rural, give location) 5301 Page Blvd. St. Ann's

3. NAME OF DECEASED (Type or Print) a. (First) SISTER ROSE (Julia) b. (Middle) DOMERY c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) Aug. 10, 1957

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 8. DATE OF BIRTH May 5, 1865 9. AGE (in years last birthday) 92 IF UNDER 1 YEAR Months Days 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 Daughter of Charity 11. BIRTHPLACE (City and State or Foreign Country) Albany New York 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Domery 13b. MOTHER'S MAIDEN NAME Bridget Ryan 14. NAME OF HUSBAND OR WIFE

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 ADDRESS Sister Rose Mary 5301 Page Blvd.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction
INTERVAL BETWEEN ONSET AND DEATH 2 days
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Adhesions and
DUE TO (c) Volvulus
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 570.3

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 1955, 1957, to Aug 10, 1957, that I last saw the deceased alive on Aug 10, 1957, and that death occurred at 10:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D. 23b. ADDRESS 3720 Washington 23c. DATE SIGNED 8-11-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 8/13/57 24c. NAME OF CEMETERY OR CREMATORY Marillac Cemetery 24d. LOCATION (City, town, or county) (State) Normandy Mo.

DATE REC'D BY LOCAL REG. AUG 12 57 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cullen Kelly 7267 Natural Bridge

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

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.....
Signature of Student Embalmer

Signed *James A. Leonard*.....

Licensed Embalmer No. *413*
P. O. Address *St Louis*

- 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.