

MISOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

18386

1. PLACE OF DEATH

County *St. Louis*
Township *Carondelet*
City *Nazareth Convent*

Registration District No. *1123*
Primary Registration District No. *B 248 B*

File No. _____
Registered No. *189*
St. _____ Ward _____

2. FULL NAME

Sister St. Raphael Gouletts

(a) Residence. No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female*
4. COLOR OR RACE *White*
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *single*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 31st 1928*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

17. I HEREBY CERTIFY, That I attended deceased from *May 1st 1928*, to *May 31st 1928*
That I last saw her alive on *May 26th 1928*, and that death occurred, on the date stated above, at *4 P. M.*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Apr. 23, 1866*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
62 1 8

Chronic myocarditis
9 5 C
(duration) *Not known* yrs. mos. ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Retired*
(b) General nature of industry, business, or establishment in which employed (or employer) *Teacher*
(c) Name of employer _____

CONTRIBUTORY (SECONDARY)

90 B
(duration) _____ yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) *Canada*

18. WHERE WAS DISEASE CONTRIBUTED

IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER

Chas Gouletts

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) *Canada*

WAS THERE AN AUTOPSY? _____

12. MAIDEN NAME OF MOTHER

Julia Guilford

WHAT TEST CONFIRMED DIAGNOSIS *Sauvignat*

(Signed) _____ M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) *Canada*

, 19 (Address) *Jeffers R 8 Mo*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT *Sister M. Remigio*

(Address) *Nazareth Convent, Jefferson Barracks*

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Nazareth Cemetery *6/2 1928*

15. FILED *June 1, 1928*

L. C. Obrock, M. U.

REGISTRAR

20. UNDERTAKER

ADDRESS

Choppin Sister R. & Co *781 S. Broadway*

M. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1928

