

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

34692

1. PLACE OF DEATH

County St. Louis
Township Camden
City North St. Louis (No. Nazareth Convent)

Registration District No. 1123
Primary Registration District No. 6248 B

File No. _____
Registered No. 330
St. _____ Ward _____

2. FULL NAME

Sister Veronica Warren

(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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>68</u>	<u>—</u>	<u>—</u>	<u>—</u>	

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 _____

9. BIRTHPLACE (CITY OR TOWN) Peoria
(STATE OR COUNTRY) Illinois

PARENTS	10. NAME OF FATHER <u>Unknown Warren</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Peoria</u> (STATE OR COUNTRY) <u>Illinois</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Peoria</u> (STATE OR COUNTRY) <u>Illinois</u>

14. INFORMANT Sister Regina
(Address) Nazareth Convent

15. FILED Oct. 5 28 L. C. Brock M. U. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 4th 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 4th 1928, to Oct 4th 1928, that I last saw her alive on Oct 2nd 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

106A
Acute Bronchitis
99 W
(duration) yrs. mos. ds. _____
CONTRIBUTORY (SECONDARY) _____
(duration) yrs. mos. ds. _____

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

19. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Janet Smith, M. D.
, 19 _____ (Address) Jefferson & 2nd

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Nazareth Convent DATE OF BURIAL 10/6 1928

20. UNDERTAKER Chapman & Co ADDRESS 7814 S. Bldg

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. 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.

