

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

Do not use this space.

40865

1. PLACE OF DEATH

County Jackson Registration District No. 339
 Township St. Joseph Primary Registration District No. 1002 File No. 4845
 City St. Joseph (If nonresident, give city or town and State) Registered No. 4845 (ward)

2. FULL NAME

Sister M. Sebastian Baehl
 (a) Residence. No. St. Peter's School Ward 8
 (Usual place of abode) Meyer Island + Charlotte (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 Fe **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** single
(write the word)

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 33

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Sister of 1224 667
 (b) General nature of industry, business, or establishment in which employed (or employer) Mercy 93
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.A.C.

10. NAME OF FATHER Baehl

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE *OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT (Address) Sister of Mercy St. Peter's School

15. FILED 76 1931 mm. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 5 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 4th, 1931, to Dec 5th, 1931, that I last saw her alive on Dec 5th, 1931, and that death occurred, on the date stated above, at 6:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Myocarditis
Myocardial degeneration
Stagnated blood
hemia-nigra
asthenia
 CONTRIBUTORY (SECONDARY) asthenia (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at place of death

IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec 5th 1931

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Operation: Stagnated hemia-nigra
 (Signed) Kerrie Kuwad M. D.

*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 St. Mary Cemetery DATE OF BURIAL 10/7/31

20. UNDERTAKER F. D. Russell Co. ADDRESS 3256 Broadway

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.

THIS IS A PERMANENT RECORD

Handwritten notes on the left margin, including a large 'A' and several lines of illegible text.