

**MISSOURI STATEBOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

FEB 2 1 1935

3107

**1. PLACE OF DEATH**

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....

(No. 3801)

Gravois

File No.....

Registered No.....

342

St.....

Ward.....

**2. FULL NAME**

*Sister Mary of the Divine Heart Josephine Elder*

(a) Residence, No. *3801*

*Gravois Ave*

St.,

*Gravois*

(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*

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

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

*June 6<sup>th</sup> 1848*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

*86-*

*7*

*4*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

*Religious*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

*Baltimore Md*

(STATE OR COUNTRY)

10. NAME OF FATHER

*Basil Thos Elder*

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

*Baltimore Md*

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

*Mary Mitchell*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

*Havana Cuba*

(STATE OR COUNTRY)

14. INFORMANT

*Sister Mary of St Francis Xavier*

(Address)

*3801 Gravois Ave*

15. FILED

*JAN 10, 1935*

*J F Bredeck*

REGISTRAR

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

*Jan 10<sup>th</sup> 1935*

I HEREBY CERTIFY, That I attended deceased from

*Jan 5, 1935 to Jan 10, 1935*  
that I last saw him alive on *Jan 3, 1935*, and that death occurred, on the date stated above, at *12:45* a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Angina Pectoris*

CONTRIBUTORY (SECONDARY)

*Arteriosclerosis*

18. WHERE WAS DISEASE CONTRAICTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

\*WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

*W. J. Bradley*, M. D.  
*1/10, 1935* (Address) *3600 D. St. St. Louis*

\*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

DATE OF BURIAL

*Calvary Cemetery*

*1/11 1935*

20. UNDERTAKER

ADDRESS

*Arthur J. Donnelly*

*3840 Lindell*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

3  
2  
5

