

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

Do not use this space.

AUG 25 1936

27909

1. PLACE OF DEATH

County St. Louis
 Township Central
 City Marillac Seminary

Registration District No. 789
 Primary Registration District No. 6033
 (No. Marillac Seminary)

File No. _____
 Registered No. 206
 St. _____ Ward _____

2. FULL NAME Ellen Fealy (Sister Eugénia)

(a) Residence, No. Marillac, Seminary 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 f 4. COLOR OR RACE W 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) April 20, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 2 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nun
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 54

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington D.C.

FATHER 13. NAME Thomas Fealy
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Ellen Casey
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Sister Caroline Marillac Seminary

18. BURIAL, CREMATION, OR REMOVAL PLACE Marillac Cemetery DATE July 14, 1936

19. UNDERTAKER (ADDRESS) Callery, Kelly 1416 N. Taylor

20. FILED 7-13-36 19 36 Miss Bachman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/11/36, 19

22. I HEREBY CERTIFY, That I attended deceased from June 16th, 1935 to July 11th, 1936
 I last saw her alive on 7/11/1936, 19____. Death is said to have occurred on the date stated above, at 10:50 AM.

The principal cause of death and related causes of importance were as follows:
Chr. generalized arteriosclerosis; chr. endocarditis; Chr. mitral insufficiency; generalized oedema of the appendages. Date of onset _____

Other contributory causes of importance: Myocardial collapse; heart block; pulmonary oedema.

Name of operation _____ Date of _____
 What test confirmed diagnosis? cli Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Sukab Junior, M. D.
 (Address) 3718 Jennings St.

7/11/36

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.

