

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

24091
Do not use this space.

1. PL ~~DE LAUG~~ **DE LAUG** **EE** / Registration District No. **791**
 (a) County / Primary Registration District No. **1003** Registered No. **6785**
 (b) Township
 (c) City **St. Louis, Mo.** (d) Street No. **De Paul Hospital.** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Sister Claire De St. Louis. 236-5314**
 (a) Residence, No. **2209 Hebert St.** St. **20** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 21, 1877**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 9 8
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Religious.**
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Pennsylvania.**

FATHER 13. NAME **Sabastian Thama.**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown.**

MOTHER 15. MAIDEN NAME **Catherine Sanders.**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown.**

17. INFORMANT (ADDRESS) **Sister Jean. 2209 Hebert Street.**
 18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **7-30-38.**
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Arthur J. Donnelly. 3840 Lindell Blvd.**
 20. FILE **JUL 29 1938** **J. D. Brudack** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 29, 1938**
 22. I HEREBY CERTIFY That I attended deceased from **June 19th, 1938, to July 29th, 1938**
 last saw her alive on **July 28th, 1938** Death is said to have occurred on the date stated above, at **8:30 A.M.**
 The principal cause of death and related causes of importance were as follows:
General Peritonitis
 Date of onset **1938**
 Other contributory causes of importance: **Ruptured gangrenous appendix**
 Name of operation **Appendectomy** Date of operation **June 19, 1938**
 What test confirmed diagnosis? **Operation** 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? **No.**
 If so, specify _____
 (Signed) **Andrew J. Gettenger**, M. D.
 (Address) **2745 N. Grand Bl.**

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.

2745 N. Grand Blvd
1-3 Dr

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed: Stanley Marchlewski

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.