

1360 SEP 14 1939
Registration District No. 221

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 1003
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community 21 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")
(d) Street No. 3520 Chippewa
St. Anthony Hospital
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Sister MARY Vincent, (Maria Barbiana)

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 28, 1864
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Chicago, Ill. (Illinois)
(City, town, or county) (State or foreign country)

10. Usual occupation Religious

11. Industry or business Seamstress

12. Name Nicolaus Barbiana

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Maria Paula
(City, town, or county) (State or foreign country)
15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sister M. Ludara

(b) Address 3520 Chippewa Street, St. Louis, Mo.

17. (a) Burial (b) Date thereof Aug 21 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cemetery

18. (a) Signature of funeral director W. G. Green & Sons Co

(b) Address 2842 Meramec St.

19. (a) AUG 20 1939 (b) J. B. Butler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17 1939
year _____ hour 4:30 minute _____ M.

21. I hereby certify that I attended the deceased from Aug 17 1939 to Aug 18 1939
that I last saw her alive on Aug 17 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Old
Chronic myocarditis
intermittent obstruction caused
by herniation of small intestines through spasmodic
of caecum
Duration 8-8-39

Other conditions 127 lbs
(Include pregnancy within 3 months of death)

Major findings: obstructed ileum
Of operations mechanical
Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. G. Green (M. D. or other) MD.
Address 3318 S. Grand Date signed 8-18-39

Rev. 5-17-39
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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 me

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

Signed John E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.
St. Louis Mo.

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.