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S. No. 2  
-11-10-39  
5-17-39  
PI X21422

1940  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8122  
Registrar's No. 363

Registration District No. 784 Primary Registration District No. 200

FILED MAR 7 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Lemay, Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Nazareth Convent Ringer & Forder Rd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sister Mary Irmena  
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 9 1858  
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Watertown Wisconsin  
(City, town, or county) (State or foreign country)

10. Usual occupation Nurse

11. Industry or business Nazareth Convent

12. Name Dennis Dougherty

13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Flanagan  
(City, town, or county) (State or foreign country)

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Mary Emerita

(b) Address RFD, Lemay, Missouri

17. (a) Burial (b) Date thereof Feb. 21, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Nazareth Cemetery

18. (a) Signature of funeral director C. Hoffmeister & Co.  
(b) Address 7814 S. Broadway

19. (a) FEB 21 1940 (b) JR MADDON  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Lemay  
(If outside city or town limits, write "RURAL")  
(d) Street No. Forder & Ringer Rd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 19  
year 1940 hour 3:15 minute P M.  
21. I hereby certify that I attended the deceased from Feb 15-40  
Feb 20- 1940 to Feb 20 1940;  
that I last saw him alive on Feb 19 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Lobar pneumonia

Due to \_\_\_\_\_  
Due to 108

Other conditions Senility  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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)  
(c) Means of injury \_\_\_\_\_

23. Signature Waldorf Hill (M. D. or other) \_\_\_\_\_  
Address Lemay, Mo Date signed 2/20/40

2-10-73 10 10

**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 Linus C. Hoffmeister  
Licensed Embalmer No. 3871  
P. O. Address 7814 S. Broadway

**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.**