

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39741

State File No.

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2168

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Nazareth Convent
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 yrs
(Specify whether years, months or days) 3

8. (a) PRINT FULL NAME Sister Mary Adelaide

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 April 8 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 7 6 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Religious

11. Industry or business _____

MOTHER FATHER { 12. Name John Stanton
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Cox
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Mary Emerita
(b) Address Nazareth Convent RFD Lemay, Mo.

17. (a) Burial (b) Date thereof Nov. 16, 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Nazareth Convent Cem.

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

19. (a) NOV 17 1940 (Date received local registrar)
(b) [Signature] (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. RFD, Ringer Rd. Nazareth Convent
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14
year 1940 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 5-40
_____ 19____ to Nov 14 1940
that I last saw her alive on Nov 12 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma of the uterus
Due to _____ not known

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death) 4/5

Major findings: _____
Of operations _____
Of autopsy _____

Duration

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 [Signature] (M. D. or other)
Address Lemay 138 Mo Date signed Nov 16 1940

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

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.