

No. 2  
1-10-39  
17-39-7  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

43836 ✓

ED JAN 8 1940

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 22

Registrar's No. 2472

**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 17 yrs.  
 (Specify whether 0)  
 In this community 3  
 years, months or days

**3. (a) PRINT FULL NAME** Sister Marie Eulalie  
**8. (b) If veteran,** name was None **8. (c) Social Security** No. None

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

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

**7. Birth date of deceased** May 16 1864  
 (Month) (Day) (Year)

**8. AGE:** Years 76 Months 7 Days 13 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace** Watertown New York  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** Religious Teacher

**11. Industry or business** Retired

**12. Name** John Ward

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

**14. Maiden name** Ann Burns  
 (City, town, or county) (State or foreign country)

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

**16. (a) Informant** Sister Mary Rose

**(b) Address** Nazareth Convent Lemay, Mo.

**17. (a) Burial** (b) Date thereof Dec. 31-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Nazareth Cemetery

**18. (a) Signature of funeral director** C. Hoffmeister U. L. Co.

**(b) Address** 7814 S. Broadway St. Louis, Mo.

**19. (a) DEC 20 1940** (b) R. L. Meyer 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. Ringer & Forder Rd.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month December day 29  
 year 1940 hour 4 minute P. M.

**21. I hereby certify that I attended the deceased from** Aug 15-40  
 \_\_\_\_\_, 19\_\_\_\_, to Dec 29, 19\_\_\_\_;  
 that I last saw her alive on Dec 29, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Ulcer of the stomach

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

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**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?  
 \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
**23. Signature** Waldo Hill (M. D. or other)  
 Address Lemay Mo. Date signed \_\_\_\_\_

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 \_\_\_\_\_

*Linus C. Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address: 7814 S. Broad

**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.**