

S. No. 2
 M-9-4-41
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **32354**
 Registrar's No. **8756**

FILED OCT 28 1942 318

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Josephs Academy /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 Mo. **000**
 (a) State _____ (b) County _____
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **6400 Minnesota ave.**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **October** day **21**
 year **1942** hour **3** minute **a.** M.

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 **December 22 1859**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **1920** 19. to **Oct. 20, 1942**
 that I last saw her alive on **Oct. 20, 1942**
 and that death occurred on the date and hour stated above.

8. AGE: Years **82** Months **9** Days **27**
 If less than one day _____ hr. _____ min.

Immediate cause of death:
Hemorrhage, cerebral, left. **12 hrs**
 Duration

9. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Teacher**
 11. Industry or business **Religious**

Due to **seizure**
 Due to **83**
 Other conditions **88**
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name **Michael Stephens**
 13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
 14. Maiden name **Margaret Maloney**
 15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Sister M. Eumerita**
 (b) Address **6400 Minnesota ave.**
 17. (a) **Burial** (b) Date thereof **Oct. 23, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Nazareth Cometary C. Homeister U.S.L. Co.**
 18. (a) Signature of funeral director **7814 S. Broadway**
 (b) Address **Oct 22 1942**
 19. (a) (Date received local registrar) (b) **J. F. [Signature]** (Registrar's signature)

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 **A. Cleveland** (M.D. or other) _____
 Address **3326 Insurance** Date signed **10/21/42**

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, fact should be so stated above.