

FILED JAN 10 1944

Registration District No. 317

Primary Registration District No. 3069

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

1. PLACE OF DEATH:

(a) County ST LOUIS
 (b) City or town RICHMOND HTS Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: ST MARY'S HOSPO
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 MONTHS
 (Specify whether
 In this community 20 YEARS
 years, months or days)

3. (a) PRINT FULL NAME SISTER-MARY-ADELHEIT

3. (b) If veteran NO (c) Social Security name war NO No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive NONE years

7. Birth date of deceased FEB 13 1887
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 10 17 14 hr. 30 min.

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

10. Usual occupation SISTER IN RELIGIOUS

11. Industry or business

12. Name PAUL WALLNER

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

14. Maiden name MARIE KRIEBER

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

16. (a) Informant Mrs Irene

(b) Address St Mary Hosp Clayton Bellevue

17. (a) BURIAL (b) Date thereof JAN 3-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLD-ST PETER + PAUL

18. (a) Signature of funeral director Walter Bickers

(b) Address 6536 Clayton Rd

19. (a) JAN 4-1944 (b) E. G. Lawrence, M.D.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ST LOUIS
 (c) City or town RICHMOND HTS Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1100 BELLEVUE AVE 3
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
 year 1943 hour 2:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 1 1943 to Dec 31 1943
 that I last saw him/her alive on Dec 30 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach Duration 2 yrs

Due to _____
 Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 462

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 Castrocella (M. D. or other) _____
 Address 3720 Washington Date signed 1/1/44

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..... *Sy W Wilkerson*

Licensed Embalmer No. *3575*

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, fact should be so stated above.