S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25565

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 7703

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1438 East Warne /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: No (Specify whether)
In this community: 30 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 009 9

(c) City or town: Saint Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No.: 1438 East Warne 4 (If rural, give location)

(e) Citizen of foreign country? No 6 (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Anna Derlick (Sr. Mary Lucia)

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: F /

5. Color or race: W

6. (a) Single, widowed, married, divorced: Single U

6. (b) Name of husband or wife: —

6. (c) Age of husband or wife if alive: — years

7. Birth date of deceased: January (Month) 15 (Day) 1872 (Year)

8. AGE: Years 73 | Months 7 | Days 16 | If less than one day: hr. min.

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

10. Usual occupation: Nun

11. Industry or business:

FATHER
12. Name: John Derlick
13. Birthplace: Germany (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Mathilda Hahn
15. Birthplace: Germany (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Else Werner
(b) Address: 1438 East Warne

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/ 4/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Grace Cemetry

18. (a) Signature of funeral director: W. A. Stork
(b) Address: 2117 East Grand

19. (a) SEP 3 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1 year 1945 hour 12 minute 40 AM

21. I hereby certify that I attended the deceased from AUG 1-45, 19 to Sept 1-45, 19 45, that I last saw h[illegible] alive on Sept 1, 19 45, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis — Duration 14 yr.

Due to: Cardiac Fibrillation — 6 hrs.

Due to:

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

Major findings:
Of operations:
Of autopsy: Yes

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? (Specify type of place)
While at (work)? (e) Means of injury?

23. Signature: [illegible] (M. D. or other)
Address: 411 [illegible] Date signed: 9/1/45

(Licensed Embalmer's Statement on Reverse Side)

Francis Frasier M.D.
4114 W. W. Florissant

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 Frank A. Dopore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.