

FILED AUG 5 1946
Registration District No. 317

Primary Registration District No. 6076

State File No. 24875
Registrar No. 1597

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Marillac Seminary
(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:
(a) State Mo. (b) County St. Louis
(c) City or town Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. Marillac Seminary
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sister Perboyre (Ida) Carr
(b) If veteran, name war no
(c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 27
year 1946 hour 10³⁰ minute A M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Single
(b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased June 30 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 18, 1946 to July 27, 1946
that I last saw her alive on July 20, 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>0</u>	<u>27</u>	hr. _____ min.

Immediate cause of death: Chronic Myocarditis
Due to Arterio Sclerosis
Due to Malnutrition and Dehydration
Other conditions 932

9. Birthplace Unknown (City, town, or county) (State or foreign country)
10. Usual occupation Religious
11. Industry or business Sisters of Charity

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

MOTHER FATHER
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Sister Isabelle
(b) Address Marillac Seminary
17. (a) Burial (b) Date thereof 7 29 46
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation Marillac Seminary
18. (a) Signature of funeral director Callan - Kelly
(b) Address 7267 Natural Bridge
19. (a) 7-31-46 (b) E. B. Mc Gerson
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature W. E. Moore (M. D. or other) MD
Address 7301 Natural Bridge Date signed 7-29-46

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.....

James A. Lammers

Licensed Embalmer No. *4142*

P. O. Address *St Louis*

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.