

FILED SEP 3 1946

Registration District No. 317

Primary Registration District No. 6076

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 / Forder & Ringer Rd.  
(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 Missouri (b) County St. Louis 96  
(c) City or town Lemay  
(If outside city or town limits, write "RURAL")  
(d) Street No. Forder & Ringer Rd.  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26  
year 1946 hour 11 minute 30 p. M.

21. I hereby certify that I attended the deceased from Apr 10 1946 to Aug 26 1946  
that I last saw her alive on Aug 23 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of stomach  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

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?

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

23. Signature Waldoff Hill (M. D. or other)  
Address Lemay R 8 (23) Mo Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Sister Josephine Berchmans Belanger

3. (b) If veteran, name was no 3. (c) Social Security No. \_\_\_\_\_

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 June 18 1873  
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Teacher Retired

11. Industry or business School

12. Name Peter Belanger

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

14. Maiden name MARILDA Bastian

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

16. (a) Informant Sister Mary Thomas

(b) Address Nazareth Convent Lemay 23, Mo.

17. (a) Burial (b) Date thereof Aug. 29-46  
(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) 8-29-46 (b) E. J. M. Gavan  
(Date received local registrar) (Registrar's signature)

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

27415

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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 *Harry J. Schornaker*.....

Licensed Embalmer No. *2679*.....

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.