

S. No. 2  
M-5-139  
v. 5-17-39  
I X36671

3378 ✓

FILED FEB 3 1947

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 3066

Registrar's No. 230

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Kirkwood 22 Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Ursuline Convent  
(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 Kirkwood 22 4  
(If outside city or town limits, write "RURAL") 3  
(d) Street No 300 E. Monroe  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mother Evarista (Elizabeth

3. (b) If veteran, name war None 3. (c) Social Security No. Robert S

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 April 3 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>9</u>	<u>27</u>	_____hr. _____min.

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

10. Usual occupation Nun

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name George Roberts

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

14. Maiden name Annie E. Ensor

15. Birthplace St. Charles Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Ursuline Convent Records

(b) Address 300 E. Monroe Kirkwood Mo

17. (a) Burial (b) Date thereof 2/1/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Meyer-Pfitzinger Fun Dir. Inc.

(b) Address Kirkwood, Mo.

19. (a) 2-3-47 (b) Antonia Allen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30  
year 1947 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 1 1947 to Jan 30 1947  
that I last saw him alive on Jan 27 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular renal disease Duration 6 mo

Due to arteriosclerosis (general) 3 yrs

Due to Cerebral embolism

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature Norman Shaw (M. D. or other) \_\_\_\_\_  
Address 1117 N. Green Date signed 4/3/47

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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

*John M. Meyer*

Licensed Embalmer No.

*3288*

P. O. Address

*Kirkwood 22 Mo*

**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.**