

No. 2
12-45
-17-39
X47070

FILED MAR 11 1947
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
Visitation Convent (5448 Cabanne Ave.)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County.....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5448 Cabanne Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

5448
17
9
0

3. (a) PRINT FULL NAME Sister Mary Loretto Duffy

3. (b) If veteran, name war.....

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 July 22, 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87.</u>	<u>7</u>	<u>2</u>	hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Religious

11. Industry or business.....

MOTHER FATHER

12. Name Cornelius Duffy

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

14. Maiden name Frances Barry

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

16. (a) Informant Sister M. Raphael Keily

(b) Address 5448 Cabanne Ave.

17. (a) Burial (b) Date thereof 2-26-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindbergh Blvd

19. (a) FEB 25 1947 (b) J. F. Bredeck
(Date received local health report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24th
year 1947 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from October 20
1946, to Feb 24th, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Myocardial Cardio-vascular disease

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death).....
93

Duration 7 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

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?.....

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

23. Signature A. P. Hunsch (M. D. or other) 0
Address 306 Humboldt Bldg Date signed Feb 25

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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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.