

MISSOURI CERTIFICATE OF DEATH  
STANDARD CERTIFICATE OF DEATH

36611

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

FILED NOV 1 1947  
Registration District No. \_\_\_\_\_

Primary Registration District No. 6076

Registrar's No. 2301

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution St. Vincent's Sanitarium  
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 2 years  
(Specify whether 30 yrs. (Month) (Day) (Year))

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. 2800 Normandy Drive  
(If rural, give location)

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

3. (a) PRINT FULL NAME Sister Magdalen DePazzi

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

3. (c) Social Security No. \_\_\_\_\_

4. Sex F. / race W.

5. Color or \_\_\_\_\_

6. (a) Single, widowed, married, divorced S.

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Unk. Unk. 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

about 55 Unk. Unk. \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace New Orleans La.  
(City, town, or county) (State or foreign country)

10. Usual occupation Religious

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

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Sister Mary Magdalen

(b) Address 2800 Normandy Drive

17. (a) Burial (b) Date thereof 10-31-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Incarinate Word Cem.

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

(b) Address 3840 Lindell Blvd

19. (a) 11-3-47 (b) Geoffrey J. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30th. year 1947 hour 12 minute p. M.

21. I hereby certify that I attended the deceased from 3:12:16 P.M. 1945, to 10:30: 1947, that I last saw her alive on 10-30, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Subarachnoid Hemorrhage Duration 1 day

Due to Post partum 94 c 1 day

Due to \_\_\_\_\_

Other conditions Unk. dependent Pyrexia 4 years  
(Include pregnancy within 3 months of death)

Major findings: Of operations Pie Fr. indue Subarachnoid

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause of 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 name of place)

While at work \_\_\_\_\_ Means of injury \_\_\_\_\_

Signature [Signature] (M. D. or other) MD

Address 634 1st Street Date signed 10/31/47

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

006

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.