

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 1
(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 96

(c) City or town LEMAY
(If outside city or town limits, write "RURAL")

(d) Street No. FORDER + RINGIER Rd
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Sister Mary Alberta GRADY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 31
year 1947 hour 9 minute 30 a.m.

21. I hereby certify that I attended the deceased from Mar 16 1947 to Oct 31 1947
that I last saw he alive on Oct 28 1947
and that death occurred on the date and hour stated above.

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 9 1855
(Month) (Day) (Year)

Immediate cause of death: Dementia Duration 4 yrs

8. AGE: Years 92 Months 4 Days 22 If less than one day _____ hr. _____ min.

Due to _____

Due to P. 2 B

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Alton, Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic Help

11. Industry or business _____

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

12. Name James Grady 4

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

14. Maiden name Mary Julia Moressey 4

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Louis Bertrand

(b) Address Nazareth Convent

17. (a) BURIAL (b) Date thereof: Oct 31, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nazareth Convent

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 Waldo Hill (M. D. or other)

Address Lemay 2823 Mo Date signed Oct 31

18. (a) Signature of funeral director C. Hoffmeister 4-10

(b) Address 7814 S. Broadway

19. (a) 1-347 (b) Waldo Hill MD
(Date received local registrar) (Registrar's signature)

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

76
0
0

47

Dr. W. W. W.

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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

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.