

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14068

State File No.

1003

3837

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. 3837		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 5		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17		
d. FULL NAME OF HOSPITAL OR INSTITUTION Convent of Good Shepard				d. STREET ADDRESS (If rural, give location) 3801 Gravois Ave.				
3. NAME OF DECEASED (Type or Print) a. (First) Sister Mary of St. Mathilde			b. (Middle) (Alice Powers)		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) Apr. 29, 1949	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S. 1)		8. DATE OF BIRTH 1878	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months _____	IF UNDER 4 HRS. Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religious			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Nichoals J. Powers			13b. MOTHER'S MAIDEN NAME Annie Hamilton		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Sister Mary of St. Francis Xavier,				
				ADDRESS 3801 Gravois Ave.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Stomach				INTERVAL BETWEEN ONSET AND DEATH 1 year
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 46 Mo				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 157X				
22. I hereby certify that I attended the deceased from May 2, 1948 , to April 29, 1949 ; that I last saw the deceased alive on April 28, 1949 , and that death occurred at 1032A. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Wesley W. Harmon				23b. ADDRESS 3720 Washington Ave.		23c. DATE SIGNED 4/29/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 30, 1949		24c. NAME OF CEMETERY OR CREMATORY Calvary cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. APR 29 1949		REGISTRAR'S SIGNATURE J. B. Sacater		25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS 40 Lindell Blvd.		

(Licensed Embalmer's Statement on Reverse Side)

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

3720 Washington

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Thomas P. Jewrich

Licensed Embalmer No. 3793

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.