

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43239**
04663

REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076**

BIRTH NO. _____ Registrar's No. _____

1. PLACE OF DEATH (Where deceased lived. If institution: residence before admission.) a. COUNTY St. Louis Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Lemay		c. CITY (If outside corporate limits, write RURAL and give township) Lemay	
c. LENGTH OF STAY (in this place) 1		d. STREET ADDRESS (If rural, give location) R. 11 Box 370	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nazareth Convent			

3. NAME OF DECEASED (Type or Print) a. (First) Sister St. Flora b. (Middle) Dunne c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1949		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 19, 1870	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY Domestic Work		11. BIRTHPLACE (State or foreign country) Chicago, Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Patrick Dunne		13b. MOTHER'S MAIDEN NAME Christine Farrell		14. NAME OF HUSBAND OR WIFE *****	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Sister Louis Bertrand	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 10 days	
ANTECEDENT CAUSES		DUE TO (b) Hypertensive Heart Disease 5 years	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 _____	
19c. DATE OF OPERATION _____		19d. MAJOR FINDINGS OF OPERATION _____	

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **Nov 30, 1949** to **Dec 9, 1949**, that I last saw the deceased alive on **Dec 9, 1949**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Serg. A. O'Sullivan M.D. (Degree or title)		23b. ADDRESS 421 N. Schermer		23c. DATE SIGNED 12-10-49	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE Dec. 12		24c. NAME OF CEMETERY OR CREMATORY: Nazareth	
24d. LOCATION (City, town, or county) (State) Lemay Mo.					

DATE REC'D BY LOCAL _____		REGISTRAR'S SIGNATURE Herbert R. Wombe, M.D.		25. (LICENSED EMBALMER'S SIGNATURE) _____ ADDRESS 7817 S. Broadway, St. Louis, Missouri	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

421 W. Ashburnmen
Apr. 12 to 3:30 PM SAT.

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 *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *7814 - 1st 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.