

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6206**
Registrar's No. **1220**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY ST. LOUIS				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		218		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. JOHNS HOSPITAL				d. STREET ADDRESS (If rural, give location) 18 307 So. EUCLID AVE				
3. NAME OF DECEASED (Type or Print) a. (First) SISTER M. SCHOLASTICA b. (Middle) _____ c. (Last) FRAWLEY RSM			4. DATE OF DEATH (Month) (Day) (Year) FEB. 6 1950					
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH MCH 5 - 1886		
9. AGE (In years last birthday) 73		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) RELIGIOUS		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) IRELAND		
12. CITIZEN OF WHAT COUNTRY? 4		13a. FATHER'S NAME JOHN FRAWLEY		13b. MOTHER'S MAIDEN NAME MARY DAILY		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 M. Dominic ADDRESS -307 S. Euclid 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia 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. Arterio sclerotic heart dis.					INTERVAL BETWEEN ONSET AND DEATH 1 week for years	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) Mo		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 Jan 30, 1950 to Feb 6, 1950 , that I last saw the deceased alive on Feb 6, 1950 , and that death occurred at 8 P. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) John Hammond M.D.				23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 2/7/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2/8/50		24c. NAME OF CEMETERY OR CREMATORY Sisters of Mercy Cem		24d. LOCATION (City, town, or county) (State) Webster, Mo		
DATE REC'D BY LOCAL REG. FEB 7 1950		REGISTRAR'S SIGNATURE J. B. Luster		GENERAL DIRECTOR'S SIGNATURE L. Mullen		ADDRESS 5165 DELMAR		

(Licensed Embalmer's Statement on Reverse Side)

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

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 *A. Y. Lewis*.....

Licensed Embalmer No. *3384*.....

P. O. Address *A. Lewis*.....

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.