

FILED SEP 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28925

State File No. ....

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

BIRTH NO. ....		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>3069</b>		Registrar's No. <b>2002</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis,</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri,</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Heights,</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>		234	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital,</b>				d. STREET ADDRESS (If rural, give location) <b>1413 So. Tenth St.,</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sister Mary Philomena</b> b. (Middle) <b>(nee Margaret Shea)</b> c. (Last) <b>C.S.J.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 20, 1950</b>				
5. SEX <b>Female,</b>	6. COLOR OR RACE <b>White,</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>(Single)</b>	8. DATE OF BIRTH <b>February 4, 1872</b>		9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School teacher,</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Religious</b>		11. BIRTHPLACE (State or foreign country) <b>Metamora, Illinois,</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Shea,</b>		13b. MOTHER'S MAIDEN NAME <b>Ellen Donahue,</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME <b>Sister Mary Erna C.S.J.</b> ADDRESS <b>1413 So. 10th St.,</b>			
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) <b>Acute heart failure.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardio Vascular Disease.</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH  <b>4221</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <b>8/19/50</b> , 19___, to <b>8/20/50</b> , 19___, that I last saw the deceased alive on <b>8/19/50</b> , 19___, and that death occurred at <b>2:40A.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>James P. ...</b> (Degree of title)				23b. ADDRESS <b>634 North Grand</b>		23c. DATE SIGNED <b>8/21/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial,</b>		24b. DATE <b>8/22/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery,</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>AUG 21 1950</b>		REGISTRAR'S SIGNATURE <b>Robert P. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Gebken-Benz Mortuary, 2842 Meramec St.,</b> ADDRESS <b>St. Louis, 18, Mo.</b>			

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 me

working under my personal supervision.

Student Embalmer No. ....

Signed.....

Licensed Embalmer No. 01249

Signed.....  
Student Embalmer

2842 Meramec St.,

P. O. Address St. Louis, 18, Mo.

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.