

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7102

State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>317</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Lemay</u> c. LENGTH OF STAY (In this place) <u>40 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nazareth Convent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>86 Town Lemay</u> d. STREET ADDRESS (If rural, give location) <u>Route 11 Box 370</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sister Mary</u> b. (Middle) <u>Agreda</u> c. (Last) <u>Nugent</u>		4. DATE OF DEATH (Month) <u>2</u> (Day) <u>2</u> (Year) <u>57</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>W.H. P.</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>7-25-65</u>		9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>7</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nursing</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PRIVATE</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John Nugent</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Barrett</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sister Alice Jeanette</u>		ADDRESS <u>Lemay, Mo.</u>	
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) <u>Coronary artery disease</u> ANTECEDENT CAUSES <u>arteriosclerosis</u> <u>arterio-sclerotic heart disease</u> DUE TO (b) <u>arterio-sclerotic heart disease</u> DUE TO (c) <u>Cerebral apoplexy</u> II. OTHER SIGNIFICANT CONDITIONS <u>RT. sided Hemiplegia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u> <u>5 yrs</u> <u>6 mos</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4:200</u>				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) (Minute)		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 <u>Jan 9, 1951</u> to <u>Feb 2, 1957</u> ; that I last saw the deceased alive on <u>Feb 2, 1957</u> , and that death occurred at <u>11:40 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George A. O'Sullivan, M.D.</u>				23b. ADDRESS <u>421 N. Schirmer</u>		23c. DATE SIGNED <u>2-2-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Feb. 5, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nazareth</u>		24d. LOCATION: (City, town, or county) (State) <u>Lemay, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2/4/51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Tomke</u>		FUNERAL DIRECTOR'S SIGNATURE <u>H. C. HOFFMEISTER</u>		ADDRESS <u>U.S. Co. 7814 S. Broadway</u>	

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 7574 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.