No. 300
10.48

FILED SEP 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29110

BIRTH NO. _____ REG. DIST. NO. 3,7 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3113

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SEMAY ~~St. Louis, Mo~~
c. LENGTH OF STAY (in this place): YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ripa Motherhouse

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis Lemay 4860
d. STREET ADDRESS (If rural, give location): 320 East Ripa

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Sister M. Ildephonse Kerin

4. DATE OF DEATH (Month) (Day) (Year): Sept 8 1951

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: Jan. 9, 1871
9. AGE (In years last birthday): 80 — If under 1 year: Months 7, Days 29 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teaching
10b. KIND OF BUSINESS OR INDUSTRY: Teaching
11. BIRTHPLACE (State or foreign country): Omega, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Denis Kerin
13b. MOTHER'S MAIDEN NAME: Crescentia Bucher
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Sister M. Theodora — **ADDRESS**: 320 East Ripa

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chr Myocarditis — 1-yr ??
DUE TO (c): 4222

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 ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 7, 1951, *to* Sept 8, 1951, *that I last saw the deceased alive on* Sept 7, 1951, *and that death occurred at* 11 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. O. Lund MD
(Degree or title): O
23b. ADDRESS: 5417 So Grand Blvd.
23c. DATE SIGNED: 9-10-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 11, 1951
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Ripa Motherhouse Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Co Mo 320 E Ripa

DATE REC'D BY LOCAL REG.: 9-10-51
REGISTRAR'S SIGNATURE: Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE: H. Meister
ADDRESS: 7814 S. Broadway

(Licensed Embalmer's Statement on Reverse Side)

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

To 5,5 11
12 Noon

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 T. 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.