

No. 300
10. 48

STANDARD CERTIFICATE OF DEATH

40121

State File No.

FILED DEC 6 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 3727

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights
 c. LENGTH OF STAY (In this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY St. Louis
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights
 d. STREET ADDRESS (If rural, give location) 6420 Clayton Road

3. NAME OF DECEASED
 a. (First) Sister Mary Hyacinth b. (Middle) Hermes c. (Last) _____
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
Nov. 17, 1951

5. SEX Female
 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 0

8. DATE OF BIRTH May 3, 1873

9. AGE (In years last birthday) 78
 IF UNDER 1 YEAR: Months _____ Days _____
 IF UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse

10b. KIND OF BUSINESS OR INDUSTRY Hospital

11. BIRTHPLACE (State or foreign country) Westphalen, Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Anton Hermes

13b. MOTHER'S MAIDEN NAME Elisabeth Eickhoff

14. NAME OF HUSBAND OR WIFE ---- Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME Sister Mary Servatia, S.S.M. ADDRESS _____

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) Carcinoma of stomach with metastasis to lung.
 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.

INTERVAL BETWEEN ONSET AND DEATH
Oct. 5, 1949

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)
151X

21d. TIME OF INJURY (Month) (Day) (Year) (Hours) (Min.) _____

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 Oct. 5, 19 49, to Nov. 17, 19 51, that I last saw the deceased alive on Nov. 16, 19 51, and that death occurred at 8:35 a. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____

23b. ADDRESS [Address]

23c. DATE SIGNED 11/17/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Nov. 19-1951

24c. NAME OF CEMETERY OR CREMATORY St. Peter + Paul

24d. LOCATION (City, town, or county) (State) St. Louis Mo

DATE REC'D BY LOCAL REG. 11-18-51

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS 6536 Clayton Rd

R in 1951 7 mo

WRITE PLAINLY—USING UNFADEING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....
J. W. B. Embler

Licensed Embalmer No..... *3653*

P. O. Address..... *St. Louis 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.