

FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11044**

4003
4

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

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 167

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood Mo 4673</u>	
c. LENGTH OF STAY (In this place) <u>6 year</u>		d. STREET ADDRESS (If rural, give location) <u>10341 Manchester Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Agnes Home</u>			
3. NAME OF DECEASED (Type or Print) <u>SISTER (ELIZABETH LODEWICK) XAVIER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 21 1952</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>Sept 12-1885</u>
9. AGE (In years last birthday) <u>66</u>	10. MONTHS <u>4</u>	11. DAYS <u>9</u>	12. HOURS <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sister in Religion</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St Agnes Home</u>	11. BIRTHPLACE (State or foreign country) <u>Brussels Belgium</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mother Dorothy St Agnes Home</u>		ADDRESS <u>6344 Manchester</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, asthenia, etc. It means the disease, injury, or complication which caused death.			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis cerebral</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis general</u>			<u>estimated 10 yrs</u>
DUE TO (c) _____			
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 <u>334X</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) (Min) <u>Jan 17 1952</u>	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>August 22, 1947</u> , to <u>Jan 21, 1952</u> , that I last saw the deceased alive on <u>Jan 17, 1952</u> , and that death occurred at <u>3:20 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ch. Beckelman M.D.</u>		23b. ADDRESS <u>2615 Brentwood Blvd</u>	23c. DATE SIGNED <u>Jan 21 1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 24 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Kirkwood MO</u>
DATE REC'D BY LOCAL REG. <u>1-21-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>1741 Bokeoy 6536 Clayton Rd</u>	

Sc (Licensed Embalmer's Statement on Reverse Side)

Reed HG 17 MO

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

J. W. Bursley

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.