S. No. 300
Rev. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26699

BIRTH NO. FILED JUL 23 1952 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1816

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Ferdinand
c. LENGTH OF STAY (In this place) 11 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Villa Gean

2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission)
a. STATE St. Louis Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Ferdinand
d. STREET ADDRESS (If usual, give location) 11755 Riverview Drive

3. NAME OF DECEASED (Type or Print) a. (First) Sister Mary b. (Middle) Manette c. (Last) Allard

4. DATE OF DEATH (Month) June (Day) 29, (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Oct. 24, 1865
9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR Months 8 Days 5 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher
10b. KIND OF BUSINESS OR INDUSTRY Religious
11. BIRTHPLACE (State or foreign country) Prairie Du Chien, Wis.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Allard
13b. MOTHER'S MAIDEN NAME Lucy Forrest
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)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Sister Mary Loyola, ADDRESS 11755 Riverview Drive St. Louis 15, Mo.

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) Heat exhaustion — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic myocardial decompensation — 2 yrs.
DUE TO (c) Senility

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 4222
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* May, 1948, *to* 6-30, 1952, *that I last saw the deceased alive on* 6-24, 1952, *and that death occurred at* 12:15 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] MD
23b. ADDRESS 8321 N. Broadway
23c. DATE SIGNED 6-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 2, 1952
24c. NAME OF CEMETERY OR CREMATORY Villa Gean Cemetery
24d. LOCATION (City, town, or county) 11755 Riverview Drive, (State) St. Louis 15 Mo.

DATE REC'D BY LOCAL REG. 7-2-52
REGISTRAR'S SIGNATURE Herbert R. Domke MD SW
25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co. ADDRESS 1420 Mich

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed V E Morris

Licensed Embalmer No. 3350

P. O. Address Lemay 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.