

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26750

State File No.

FILED AUG 1 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2037

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wellston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston</u>	
c. LENGTH OF STAY (in this place) <u>33 yrs. 11 mos.</u>		4281	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>7300 St. Charles Rock Rd.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sister Helen</u> b. (Middle) _____ c. (Last) <u>Heslin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 28 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>July 12, 1876</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Month <u>11</u> Day <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher Religious St. Joseph</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Ireland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>Peter Heslin</u>	13b. MOTHER'S MAIDEN NAME <u>Bridget O'Neill</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Superior-St. Joseph's Provincial House, 1890 Randolph St., St. Paul, Minn.</u>	ADDRESS _____
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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, Generalized</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u>		<u>Years</u>
	DUE TO (c) <u>Generalized osteoarthritis</u>		<u>4200</u> <u>Years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Schizophrenia, deteriorated</u>			<u>Years</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____	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 6-1- 19 36, to 7-28- 1952, that I last saw the deceased alive on 7-28, 1952, and that death occurred at 7:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>T. E. Kestito checks</u>	23b. ADDRESS <u>St. Vincent's Hospital,</u>	23c. DATE SIGNED <u>7-28-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 30, 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nazareth</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-30-52</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Donko M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>William Kelly</u>	ADDRESS <u>7267 Natural Bridge</u>
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(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 *James A. Lammers*
Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.