

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

4187

FILED JAN 30 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 0194

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) OR TOWN <u>WEBSTER GROVES</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>	
c. LENGTH OF STAY (In this place) <u>20 years</u>		4577	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST JOSEPH CONVENT</u>		d. STREET ADDRESS (If rural, give location) <u>723 So. LAFFLEDE STATION Rd</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SISTER MARY</u>	b. (Middle) <u>JOHN</u>	c. (Last) <u>CONNERS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 18 - 1953</u>
-------------------------------------	-------------------------------	-------------------------	--------------------------	--

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>MAY 5 - 1873</u>	9. AGE (In years last birthday) <u>79</u>	If UNDER 1 YEAR Months Days Hours Min.
----------------------	-------------------------------	--	--------------------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RELIGIOUS</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Nun</u>	11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	--

13a. FATHER'S NAME <u>JOHN CONNERS</u>	13b. MOTHER'S MAIDEN NAME <u>ANNE Egan</u>	14. NAME OF HUSBAND OR WIFE <u>Single</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>No.</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Sister Malfred - 723 So. Laffleda St. Rd.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Subacute Bronchitis</u> DUE TO (c) <u>3 weeks</u>		INTERVAL BETWEEN ONSET AND DEATH <u>One week</u>
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 <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.)	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 January 2, 1953, to January 18, 1953, that I last saw the deceased alive on Jan 17, 1953, and that death occurred at 9 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. P. Minnich M.D.</u>	23b. ADDRESS <u>306 Humboldt Bldg</u>	23c. DATE SIGNED <u>1/19/53</u>
--	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1/20/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST JOSEPH CONVENT CEM</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>1-19-53</u>	REGISTRAR'S SIGNATURE <u>Hackett R. Donahoe</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>M. MULLEN - 5165 DELMAR BL</u>
---	---	--

(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.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

Ronald O. Spahn

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.