

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8328

State File No. \_\_\_\_\_

FILED FEB 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 570 Registrar's No. 536

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>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>Normandy</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u>  |  |
| c. LENGTH OF STAY (in this place) <u>11 yrs</u>  |  | d. STREET ADDRESS (If rural, give location) <u>7800 Natural</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Villa St. Louise</u>                              |  | e. FULL NAME OF HOSPITAL OR INSTITUTION <u>Villa St. Louise Bridge</u>  |  |

|  |            |             |           |  |
|--|------------|-------------|-----------|--|
| 3. NAME OF DECEASED<br>(Type or Print) <u>Sister Esther (Mary Josephine) HENRY</u> | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Feb 12 1953</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>March 19, 1873</u> | 9. AGE (in years, months, days) (If under 1 year, give in months and days) (If under 12 months, give in hours and minutes) <u>80 yrs</u> |
|----------------------|-------------------------------|---|--|--|

|  |  |   |   |
|--|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher (Religious)</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Daughter of Charity</u> | 11. BIRTHPLACE (State or foreign country) <u>Carrollton Alabama</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|--|--|---|---|

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|--|---|--|
| 13a. FATHER'S NAME <u>Andrew Henry</u> | 13b. MOTHER'S MAIDEN NAME <u>Helena Stinson</u> | 14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</u> |
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|  |                                     |   |                                 |
|--|-------------------------------------|---|---------------------------------|
| 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>Sister Rose Mary</u> | ADDRESS <u>Villa St. Louise</u> |
|--|-------------------------------------|---|---------------------------------|

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio. Vascular System 5 yr</u>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>5 yr</u>                                     |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerosis 1 yr</u> |  |   |
|   | DUE TO (c) <u>Myocardial Infarct 1 yr</u>  |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>(Conditions contributing to the death but not related to the disease or condition causing death.) <u>Hypertensive Disease. 5 yr</u>   |  |  |   |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>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) (m.) | 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 June 1947 to Feb 12 1953, that I last saw the deceased alive on Feb 12 1953 and that death occurred at 10:45 a.m., from the causes and on the date stated above.

|   |                     |                                  |                                   |
|---|---------------------|----------------------------------|-----------------------------------|
| 23a. SIGNATURE <u>Edw J. Kelly M.D.</u> | (Director or title) | 23b. ADDRESS <u>7267 Natural</u> | 23c. DATE SIGNED <u>Feb 12 53</u> |
|---|---------------------|----------------------------------|-----------------------------------|

|   |                                |  |   |
|---|--------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb. 14, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Marillac</u> | 24d. LOCATION (City, town, or county) (State) <u>Normandy Mo.</u> |
|---|--------------------------------|--|---|

|   |   |   |                                    |
|---|---|---|------------------------------------|
| DATE REC'D BY LOCAL REG. <u>2-14-53</u> | REGISTRAR'S SIGNATURE <u>Herbert G. Donke</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>M.D. Cullen Kelly</u> | ADDRESS <u>7267 Natural Bridge</u> |
|---|---|---|------------------------------------|

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

*1/2 3/4*  
*3-4*  
*Union or ...*  
*Club ...*

**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.