S. No. 300
v. 10.48

FILED MAY 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20293

BIRTH NO. — REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6000 Registrar's No. 1388

4000

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

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lemay
c. LENGTH OF STAY (in this place) 15 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Nazareth Convent

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lemay 85 4000
d. STREET ADDRESS (If rural, give location) Route 11, Box 370

3. NAME OF DECEASED (Type or Print) a. (First) Sister b. (Middle) Antonia Marie c. (Last) Gamez

4. DATE OF DEATH (Month) 5 (Day) 17 (Year) 53

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH 1-19-1867
9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR Months 3 Days 26 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sacristan
10b. KIND OF BUSINESS OR INDUSTRY Nazareth Convent
11. BIRTHPLACE (State or foreign country) Monterey Mexico
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Santos Gamez
13b. MOTHER'S MAIDEN NAME Martha Paez
14. NAME OF HUSBAND OR WIFE ---------- None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Sister Francis Augustine ADDRESS Mehlville 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) Cerebral apoplexy — INTERVAL BETWEEN ONSET AND DEATH 1 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arterio-sclerosis — 2 yrs.

DUE TO (c) Hypertensive Heart Disease — 2 yrs.

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 443X
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)
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* Jan, 1952, *to* May 17, 1953 *that I last saw the deceased alive on* May 14, 1953, *and that death occurred at* 11.30p*m., from the causes and on the date stated above.*

23a. SIGNATURE George A. O'Sullivan, M.D. (Degree or title)
23b. ADDRESS 427 W. Schirmer St. Louis Mo
23c. DATE SIGNED 5-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/22/53
24c. NAME OF CEMETERY OR CREMATORY Nazareth Cemetery
24d. LOCATION (City, town, or county) (State) Mehlville, Mo.

DATE REC'D BY LOCAL REG. 5-19-53
REGISTRAR'S SIGNATURE Herbert R. Donohue M.D.
25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U.&L.Co 7814 ADDRESS S. Broadway

(Licensed Embalmer's Statement on Reverse Side)

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.