

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

23459

State File No.

FILED JUN 26 1953

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1566

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>Lemay</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay 78.50</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nazareth Convalescent</u>			d. STREET ADDRESS (If rural, give location) <u>Route 11 Box 370</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sister Emma</u> b. (Middle) <u>Teresa</u> c. (Last) <u>Hale</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 5 1953</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>January 11, 1863</u>		9. AGE (In years last birthday) <u>90</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Lewis Hale</u>	13b. MOTHER'S MAIDEN NAME <u>Emily Ridge</u>	14. NAME OF HUSBAND OR WIFE -----
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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 Francis Augustus</u> ADDRESS <u>Mehlville</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio-sclerotic heart disease</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Chronic Bronchitis</u> DUE TO (c) <u>Spondylitis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Intertrochanteric fracture of left hip</u>		<u>5 yrs</u> <u>4 days</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200 F</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>CONVENT</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>LEMA Y St. Louis Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-1-53</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>FELL OUT OF BED</u>
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22. I hereby certify that I attended the deceased from Jan, 1952, to June 5, 1953, that I last saw the deceased alive on June 4, 1953, and that death occurred at 5:25 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George A. O'Sullivan, M.D.</u>	23b. ADDRESS <u>421 W. Schermer</u>	23c. DATE SIGNED <u>6-5-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-8-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nazareth Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mehlville - Mo</u>
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DATE REC'D BY: LOCAL REG. <u>6-6-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister U. & L. Co. 7814 S. Broadway</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. J. A. O. Sullivan

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 Embalmer No.

Signed

Harry J. Scherzacher

Signed.....

Student Embalmer

Licensed Embalmer No. *2679*

P. O. Address *7814 1st Broadway*

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.