

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29895

FILED AUG 20 1953

State File No. ....

7114

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>3 1/2 yrs.</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>3225 N. Florissant Ave. Little Sisters of Poor</b>				e. STREET ADDRESS (If rural, give location) <b>26 3225 N. Florissant Ave.</b>					
3. NAME OF DECEASED (Type or Print) <b>Sister Abel</b>			a. (First) _____ b. (Middle) _____ c. (Last) <b>De St. Pierre</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 19, 1953</b>			
5. SEX <b>F.</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>S.</b>		8. DATE OF BIRTH <b>Mar. 24, 1886</b>			
9. AGE (In years last birthday) <b>67</b>		if UNDER 1 YEAR Months <b>3</b> Days <b>25</b>		if UNDER 2 HRS. Hours <b></b> Min. <b></b>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Religious</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Cleveland, Ohio</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>				13a. FATHER'S NAME <b>Francis Collins</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Quigley</b>			
14. NAME OF HUSBAND OR WIFE _____				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>none</b>			
17. INFORMANT'S SIGNATURE OR NAME <b>Sister Germaine, 3225 N. Florissant Ave.</b>				ADDRESS _____					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ch. Myocarditis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Ca of Breast &amp; bone v skin metastasis</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4 yrs.</b>	
19a. DATE OF OPERATION <b>April 1949</b>		19b. MAJOR FINDINGS OF OPERATION <b>Ca. of breast. Type 4</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		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? <b>170 X</b>					
22. I hereby certify that I attended the deceased from <b>April 1949</b> , to <b>July 19, 1953</b> , that I last saw the deceased alive on <b>July 18, 1953</b> , and that death occurred at <b>11 P. M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Sister Germaine</b>				23b. ADDRESS <b>2435 N. Grand</b>		23c. DATE SIGNED <b>7-20-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 22, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>			
DATE REC'D BY <b>JUL 21 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Arthur J. Donnelly</b>		ADDRESS <b>3840 Lindell Blvd.</b>			

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

4

433 No. West 13th.

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 ~~me~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 4699

P. O. Address St. Paul

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.