V.S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40600

FILED NOV 27 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10819

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5300 CABANNE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MO
b. COUNTY: 2054
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS 0
d. STREET ADDRESS (If rural, give location): 5300 CABANNE

3. NAME OF DECEASED (Type or Print)
a. (First): SISTER LUCIA
b. (Middle): (ELLEN FRACES)
c. (Last): HISTEN

4. DATE OF DEATH (Month) (Day) (Year): NOV 13-1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: MAR. 7-1862
9. AGE (In years last birthday): 91
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RELIGIOUS
10b. KIND OF BUSINESS OR INDUSTRY: SISTER OF CHARITY
11. BIRTHPLACE (City and State or Foreign Country): IRELAND CONTY-CORK
12. CITIZEN OF WHAT COUNTRY?: IRELAND

13a. FATHER'S NAME: MICHAEL HISTEN
13b. MOTHER'S MAIDEN NAME: CATHERINE REGAN
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):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: SISTER ALICE
ADDRESS: 5300 CABANNE

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) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

ANTECEDENT CAUSES

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

DUE TO (b) Arterio-sclerotic Heart disease

DUE TO (c)

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 ☐ 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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 4200

22. *I hereby certify that I attended the deceased from* Oct. 4, *19*53, *to* Nov. 13, *19*53, *that I last saw the deceased alive on* Nov. 12th, *19*53, *and that death occurred at* 11:00 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: N. B. Flavin (Degree or title): M.D.
23b. ADDRESS: 539 N. Grand Blvd. St. Louis Mo.
23c. DATE SIGNED: 11/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: NOV-16-53
24c. NAME OF CEMETERY OR CREMATORY: CALVARY
24d. LOCATION (City, town, or county) (State): ST LOUIS Mo.

DATE REC'D BY LOCAL REG.: NOV 11 1953
REGISTRAR'S SIGNATURE: J. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: Cullen-Kelly
ADDRESS: 4386 Finchell

(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 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.