

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21604

State File No. _____

FILED JUL 1 - 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1352

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>Richmond Heights</u>		c. CITY OR TOWN <u>Lemay</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>25 days</u>		e. STREET ADDRESS (If rural, give location) <u>320 E. Ripa</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sister Mary James</u> b. (Middle) <u>Schichtl</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>June 8, 1954</u>		
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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>Feb. 25, 1892</u>	9. AGE (In years last birthday) <u>62</u>	# OUNCE 1 YEAR Months _____	# OUNCE 1 YEAR Days _____	# OUNCE 1 YEAR Hours _____	# OUNCE 1 YEAR Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SS-Notre-Dame Convent</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Conway, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		

13a. FATHER'S NAME <u>Jacob Schichtl</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Kierspel</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sister M. Melita</u> ADDRESS <u>320 E. Ripa ave. Lemay Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fr. hip left.</u>		
	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 <u>Fr. neck of heart.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SOURCE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., home, school, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN) OR TOWNSHIP (COUNTY) (STATE) <u>St. Louis County Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-14-54 (P.M.)</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fall of ladder</u>

22. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____, that I last saw the deceased alive on 6-7, 1954 and that death occurred at 1:30 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Mary Melita</u> (Type or Print)	23b. ADDRESS <u>320 E. Ripa</u>	23c. DATE SIGNED <u>6-8-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 10, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Motherhouse Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>320 E. Ripa ave. Lemay, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6/9/54</u>	REGISTRAR'S SIGNATURE <u>Heber R. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Hoffmeister U. & L. Co.</u> ADDRESS <u>1781 S. Broadway St. Louis 11 Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *Louis C. Hoffner*.....

Licensed Embalmer No. 387

P. O. Address 2814 S. B.

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.