

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6772**

FILED MAR 1 1955

Registrar's No. **389**

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>389</u>	
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 _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. LENGTH OF STAY (In this place) <u>1 month 4 3/4 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		<u>0264</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>505 Bolivar Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sister Mary Louis Catherine</u> b. (Middle) <u>Ell, S.S.M.</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12 1955</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Jan. 4, 1902</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Month _____ Days _____	IF UNDER 1 MRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SISTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Religious</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Louis Ell</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Buerges</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>		
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 ADDRESS <u>Sister M. Francine, SSM, 1100 Bellevue Ave.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Primary atypical pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 mos.</u>
* ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				DUE TO (b) <u>none</u>			
				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <u>Fatty liver</u> Conditions contributing to the death but not related to the disease or condition causing death.							<u>1 month</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		<u>492X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec. 17, 1954</u> , to <u>Feb. 12, 1955</u> , that I last saw the deceased alive on <u>Feb. 12, 1955</u> , and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. O. Brown M.D.</u>				23b. ADDRESS <u>1325 So. Grand, St. Louis Mo.</u>		23c. DATE SIGNED <u>2-13-55</u>	
24a. REMOVAL		24b. DATE <u>Feb 15-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Colony Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-14-55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donker, M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Poche, 6536 Clayton Rd</u>		

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 John J. Hennehy

Licensed Embalmer No. 41940

P. O. Address St Louis Mo

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.