

FILED JAN 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43054

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3002

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 OR TOWN _____ <u>Lemay</u>		c. LENGTH OF STAY (In this place) <u>6 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 23 4000</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nazareth Convent</u>				d. STREET ADDRESS (If rural, give location) <u>0</u> <u>2-Nazareth Lane</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sister Mary Esther O'Fallon</u>			b. (Middle) _____		c. (Last) <u>(O'Fallon)</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 23, 1955</u>		
5. SEX <u>Fem.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Mar. 29, 1868</u>		9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>8</u>	IF UNDER 1 YEAR Days <u>26</u>	IF UNDER 1 YEAR Hours Min.	
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>(Religion)</u>		11. BIRTHPLACE (State or foreign country) <u>St. Charles, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Henry O'Fallon</u>			13b. MOTHER'S MAIDEN NAME <u>Eleanor Concannon</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 <u>Sister M. Clairissa 2700 Lane</u>				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) <u>Arterio-sclerotic Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Cerebral apoplexy</u>				6 hrs	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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>June 1, 1955</u> , to <u>Dec 23, 1955</u> , that I last saw the deceased alive on <u>Dec 20, 1955</u> , and that death occurred at <u>6:05</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>George A. Sullivan, M.D.</u>				23b. ADDRESS <u>421 N. Ashmun St. St. Louis, Mo.</u>			23c. DATE SIGNED <u>Dec 23 1955</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 24, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nazareth Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mehlville, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>12-23-55</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Dombard</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister U. & L. Co.</u> <u>7814 So. Broadway St. Louis, Mo.</u>					

24. (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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Henry J. Schumacher*
Licensed Embalmer No. 2679

P. O. Address 2814 F. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.