FILED MAR 22 1956

300
48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10775

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2306

1. PLACE OF DEATH
a. COUNTY: ~~St. Louis, Mo.~~ ~~St. Louis, Mo.~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis St. Anthony Hosp. / St. Anthony's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo. / Missouri
b. COUNTY:
c. CITY OR TOWN: St. Louis / St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 3520 Chippewa / 3520 Chippewa
16 / 2169

3. NAME OF DECEASED (Type or Print)
a. (First): Laverne / Sister
b. (Middle): Mary / Mercia
c. (Last): Golla / (Golla)

4. DATE OF DEATH (Month) (Day) (Year): March 3, 1956

5. SEX: F. / F.
6. COLOR OR RACE: White / White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Religious / Religious
8. DATE OF BIRTH: 11-27-25 / 11-27-25
9. AGE (In years last birthday): 30 | 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): Student / Student
10b. KIND OF BUSINESS OR INDUSTRY: Med. Tech / Medical Technology
11. BIRTHPLACE (City and State or Foreign Country): Milwaukee, Wisc. / Milwaukee, Wis.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Ignatius Golla / Ignatius Golla
13b. MOTHER'S MAIDEN NAME: Martha Herman / Martha Herman
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no / No
16. SOCIAL SECURITY NO.: None / None
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Sister M. Hyacinth, Superior / Sister M. Hyacinth, Superior, 3520 Chippewa

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): Myasthenia Gravis / Myasthenia Gravis — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Thymoma / Thymoma — unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Bronchitis and Emphysema / Bronchitis and Emphysema — 1 week

19a. DATE OF OPERATION: 195X
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?:

22. *I hereby certify that I attended the deceased from* Feb, *19*55, *to* Mar 3, *19*56, *that I last saw the deceased alive on* Mar 3, *19*56, *and that death occurred at* 9:03 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clement J. Sullivan / Clement J. Sullivan M.D.
23b. ADDRESS: 4161 Lindell / 4161 Lindell
23c. DATE SIGNED: 3-5-56

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 3-6-56
24c. NAME OF CEMETERY OR CREMATORY: SS Peter & Paul Cem.
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG.: MAR 5 1956
REGISTRAR'S SIGNATURE: J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Gebken-Benz Mortuary, 2842 Meramec St.

(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 en

by me, or by ...me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Joe B. Berg.....

Licensed Embalmer No.....42

P. O. Addres 2842 Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.