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

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11343

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2338

1. PLACE OF DEATH
a. COUNTY ~~St. Anthony's Hospital~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lemay 4000
d. STREET ADDRESS (If rural, give location) 2 Nazareth Lane

3. NAME OF DECEASED (Type or Print)
a. (First) Sister M. Faustina
b. (Middle)
c. (Last) Roos

4. DATE OF DEATH (Month) (Day) (Year) Mar. 4. 1956

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Nov. 4, 1880
9. AGE (In years last birthday) 75 — If under 1 year: Months 3 Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher
10b. KIND OF BUSINESS OR INDUSTRY School
11. BIRTHPLACE (State or foreign country) Millstadt, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Roos
13b. MOTHER'S MAIDEN NAME Mary Contner
14. NAME OF HUSBAND OR WIFE -------

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 M. Clarissa — **ADDRESS** 2 Naz. Lane

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) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Compression fracture 3rd Lumbar vertebra with progressive paralysis lower extremities — 5 mos
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Generalized Lymphomatosis — 5 mos

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 420.1.F
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* Sept, 1955, *to* Mar 4, 1956, *that I last saw the deceased alive on* Mar 4, 1956 *and that death occurred at* 10.40 *m., from the causes and on the date stated above.*

23a. SIGNATURE George A. O'Sullivan (Degree or title) M.D.
23b. ADDRESS 421 W. Schumer St.
23c. DATE SIGNED 3-5-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE March 7, 1956
24c. NAME OF CEMETERY OR CREMATORY Nazareth Cemetery
24d. LOCATION (City, town, or county) (State) Lemay 23, Missouri

DATE REC'D BY LOCAL REG. MAR 6 1956
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U.&L.Co. **ADDRESS** 7814 S. Broadway
M.B.
(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 Harry J. Schumacher

Signed.....
Student Embalmer.

Licensed Embalmer No. 2679

P. O. Address 7714 S. Broadway

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

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