

FILED MAY 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19174**

BIRTH NO. _____ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **500** Registrar's No. **1176**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY, TOWN OR VILLAGE (If rural, give name of township) St. Ferdinand		c. LENGTH OF STAY (in this place) 7 years	c. CITY, TOWN OR VILLAGE St. Ferdinand
d. FULL NAME OF HOSPITAL OR INSTITUTION Villa View 11755 Riverview		e. STREET ADDRESS (If rural, give location) 11755 Riverview Drive	

3. NAME OF DECEASED (Type or Print) a. (First) Sister M. Agnes b. (Middle) Chlanda c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) May 7, 1956
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5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unmarried	8. DATE OF BIRTH Sept 11, 1875	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 7 Days 26	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher	10b. KIND OF BUSINESS OR INDUSTRY Religious	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri	12. CITIZEN OF WHAT COUNTRY? U.S. A.
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13a. FATHER'S NAME William Chlanda	13b. MOTHER'S MAIDEN NAME Mary Nolan	14. NAME OF HUSBAND OR WIFE Unmarried
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Sister M. Gustaf	ADDRESS 11755 Riverview
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 week
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. Hypertensive arteriosclerosis DUE TO (c) Heart Disease		7 yrs.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility.		4200	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 1947**, to **May 7, 1956**, that I last saw the deceased alive on **5-1, 1956**, and that death occurred **at 11:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. W. [Signature]	(Degree or title) MD	23b. ADDRESS 8321 N. Broadway	23c. DATE SIGNED 5-8-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE May 9, 1956	24c. NAME OF CEMETERY OR CREMATORY Villa View	24d. LOCATION (City, town, or county) (State) 11755 Riverview St. Louis, Mo
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DATE REC'D BY LOCAL REG. 5-9-56	REGISTRAR'S SIGNATURE Herbert R. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Co. 7420 Michigan
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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 *W. G. Peterson*

Licensed Embalmer No. *37*

P. O. Address *7422 M*

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.