

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

40139

FILED DEC 6 - 1956

Registration District No. 317 Primary Registration District No. 050 Registrar's No. 2724

1. PLACE OF DEATH a. COUNTY <u>St. Louis 23</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 (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis Rural Lemay</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis Rural Lemay</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Nazareth Convent</u> Length of stay in lb <u>7 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>2-Nazareth Lane</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Sister St. Hedwige (Dorothy) Bastian</u> First Middle Last			4. DATE OF DEATH <u>11-19-56</u> Month Day Year
5. SEX <u>Fem.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-1-1880</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RELIGIOUS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired teacher</u>	9. AGE (In years last birthday) <u>76</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) <u>Wansum, Holland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Peter Bastian</u>		14. MOTHER'S MAIDEN NAME <u>Catherine Karter</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 <u>Sister M. Clarissa Rene</u> Address <u>2-Nazareth Lane</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis & Hypertension</u> DUE TO (c) <u>and rt. hemiplegia</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>atrophic arthritis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 da.</u> <u>2 yrs</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour . Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>Jan. 54</u> to <u>Nov. 19, 56</u> and last saw her/him alive on <u>Nov. 15-56</u> Death occurred at <u>6:30 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Type or print) <u>George A. O'Sullivan, M.D.</u>		22b. ADDRESS <u>229 Ivory Avenue No 11-19-56</u>	
22c. DATE SIGNED <u>11-19-56</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>21 Nov. 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Nazareth Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>
24. FUNERAL DIRECTOR <u>Arthur J. Donnelly Undt. Co</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>11-19-56</u>	26. REGISTRAR'S SIGNATURE <u>Herbert B. Donlehd</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300 1-56
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

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 me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [Signature].....

Licensed Embalmer No. 46.....

P. O. Address 3802.....

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.