

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44290

FILED DEC 20 1956

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2824

| | | | | | | | | |
|---|--|--|---|--|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <i>St Louis</i> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Indiana</i> b. COUNTY | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Rich Hts Mo</i> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <i>Plymouth Ind</i> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St Marys Hosp</i> | | | Length of stay in 1b <i>2 weeks</i> | | d. STREET ADDRESS <i>Convent (If outside, give location) South Handman of Jesus Christ</i> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) <i>SISTER MATHILDA MAUGH</i> | | | | 4. DATE OF DEATH <i>Nov 29 1956</i> | | 5. SEX <i>F</i> | | |
| 6. COLOR OR RACE <i>W</i> | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <i>Aug 7-1904</i> | | 9. AGE (In years last birthday) <i>52</i> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Sister Religion</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>POOR HANDMAIDS OF JESUS CHRIST</i> | | 11. BIRTHPLACE (City and state or country) <i>Chicago Ill</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> | | |
| 13. FATHER'S NAME <i>Unknown</i> | | | | 14. MOTHER'S MAIDEN NAME <i>Unknown</i> | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> | | 16. SOCIAL SECURITY NO. <i>None</i> | | 17. INFORMANT <i>Mother Selasia East St Louis Ill</i> | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Asphyxiation as a result of hanging</i> | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | DUE TO (b) | | |
| | | | | | | DUE TO (c) | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Self-inflicted strangulation by ligature</i> | | | | | |
| 20c. TIME OF INJURY Hour <i>5:00</i> Month <i>Nov</i> Day <i>29</i> Year <i>56</i> | | | by ligature | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>hospital - psychiatric division</i> | | 20f. CITY, TOWN, OR LOCATION <i>Richmond Heights</i> | | COUNTY <i>St. Louis</i> | | |
| 21. I attended the deceased from _____ to _____ | | and last saw her alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE <i>Ernest J. Hillmann</i> (Degree or title) <i>Coroner</i> | | | 22b. ADDRESS <i>Clayton, Mo.</i> | | | 22c. DATE SIGNED <i>12/3/56</i> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i> | | 23b. DATE <i>Nov 30-1956</i> | | 23c. NAME OF CEMETERY OR CREMATORY <i>Convent Cemetery</i> | | 23d. LOCATION (City, town, or county) (State) <i>Plymouth Indiana</i> | | |
| 24. FUNERAL DIRECTOR <i>W H Bocklage</i> | | ADDRESS <i>6536 Clayton Rd</i> | | 25. DATE RECD. BY LOCAL REG. <i>11-30-56</i> | | 26. REGISTRAR'S SIGNATURE <i>Herbert B. Dombrowski</i> | | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must be casually related. Coroner cannot certify to a death due to natural causes.

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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: *Stanley H. Dijo*

Licensed Embalmer No. *41*

P. O. Address *St. L.*

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.