

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10658**
Registrar's No. **2113**

FILED MAR 27 1957

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2113	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE St. Louis b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 307 So. Euclid Av.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				d. STREET ADDRESS (If rural, give location) 307 So. Euclid Av.			
3. NAME OF DECEASED (Type or Print) Sister Mary Vita McCarville R.S.M.			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 3/2/57	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Never Married		8. DATE OF BIRTH 3/9/14		9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religious		10b. KIND OF BUSINESS OR INDUSTRY Nun St. of Mercy		11. BIRTHPLACE (State or foreign country) Waterloo Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Bernard McCarville			13b. MOTHER'S MAIDEN NAME Mary C. Barron		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Sis. M. Brendon R.S.M. ADDRESS 307 S Euclid			
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) Cervical cancer ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS None Conditions contributing to the death but not related to the disease or condition causing death. 175x				INTERVAL BETWEEN ONSET AND DEATH 44	
19a. DATE OF OPERATION 1953		19b. MAJOR FINDINGS OF OPERATION Cervical cancer				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
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? _____			
22. I hereby certify that I attended the deceased from _____, 19 53 , to 2/mar , 19 57 , that I last saw the deceased alive on 3/1/57 , 19____, and that death occurred at 9 o'clock, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. Wm. Miller MD.				23b. ADDRESS 408 Humboldt		23c. DATE SIGNED 2/mar/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/4/57		24c. NAME OF CEMETERY OR CREMATORY Sis. of Mercy Convent		24d. LOCATION (City, town, or county) (State) Webster Grove Mo.	
DATE REC'D BY LOCAL REG. MAR 4 '57		REGISTRAR'S SIGNATURE J. Carl Smith MD.		25. FUNERAL DIRECTOR'S SIGNATURE L. Mullen & Sons ADDRESS 5165 Delmar Bl.			

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

W. C. ...
...

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
Student Embalmer

Signed *[Signature]* _____

Licensed Embalmer No. 3360

P. O. Address *[Signature]* _____

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