

FILED APR 22 1957

STANDARD CERTIFICATE OF DEATH

State File No. 14936

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3137

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN Normandys 4001	
c. LENGTH OF STAY (in this place) 16 days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 09 DePaul Hospital		STREET ADDRESS (If rural, give location) 27 Marillac Seminary	

3. NAME OF DECEASED (Type or Print)	a. (First) Sister	b. (Middle) Clotilda (Agnes Ellen)	c. (Last) Landry	4. DATE OF DEATH (Month) (Day) (Year) March 31, 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Not married	8. DATE OF BIRTH June 1, 1901	9. AGE (In years last birthday) 55 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hour Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religious Teacher	10b. KIND OF BUSINESS OR INDUSTRY Daughter of Charity	11. BIRTHPLACE (City and State or Foreign Country) Donaldsonville La.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frederick Landry	13b. MOTHER'S MAIDEN NAME Mary Avrand	14. NAME OF HUSBAND OR WIFE None
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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 Records Marillac Seminary	ADDRESS Normandy
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Coronary embolism	
DUE TO (c) Acute endocarditis, aortic valve organism undetermined		3 weeks	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Cardiac insufficiency due to aortic valve endocarditis	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 42.1	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute)	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 March 14, 1957, to March 31, 1957, that I last saw the deceased alive on March 31, 1957, and that death occurred at 3:45 pm., from the causes and on the date stated above.

23a. SIGNATURE John T. Lawton, M.D.	(Degree or title) M.D.	23b. ADDRESS 634 Grand Blvd.	23c. DATE SIGNED 3-31-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE April 3, 1957	24c. NAME OF CEMETERY OR CREMATORY Marillac Cemetery	24d. LOCATION (City, town, or county) (State) Normandy Mo.
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DATE REC'D BY LOCAL REG. APR 1 '57	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Cullen Kelly 7267	ADDRESS Natural Bridge
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3.P (Licensed Embalmer's Statement on Reverse Side)

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.....

James A. Lemmers

Licensed Embalmer No. 4142

P. O. Address St Louis

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.