

Health, welfare, public service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29879

STATE FILE-NUMBER

7911

FILED SEP 4 1957

Registration District No.

318

Primary Registration District No. 1003

Registrar's No.

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthonys		Length of stay in lb 1 day	d. STREET ADDRESS (If outside, give location) 3703 West Pine		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Ascension (Sister M. James S.S.P.C.) Peres			4. DATE OF DEATH August 23rd, 1957		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 14th, 1896	9. AGE (In years last birthday) 61 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: 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 Religious	11. BIRTHPLACE (City and state or country) Spain		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME U.K.		13b. MOTHER'S MAIDEN NAME U.K.		14. NAME OF HUSBAND OR WIFE Never Married	
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. no	17. INFORMANT Address Sister M. Sebastiana 3703 West Pine		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial acute exacerbation				INTERVAL BETWEEN ONSET AND DEATH 7 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) Mitral Regurgitation				10 years	
DUE TO (c) Rheumatic fever				years	
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 410X		
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 May 1945 to Aug 23-57 and last saw her alive on Aug 23-1956 Death occurred at St. Anthonys Hospital 9300 on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Arthur J. Donnelly (Degree or title)			22b. ADDRESS 506 Olive St		22c. DATE SIGNED 8/23-57
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 8-26-1957	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or country) (State) St. Louis Missouri
24. FUNERAL DIRECTOR Arthur J. Donnelly		ADDRESS 3840 Lindell Blvd.	25. DATE RECD. BY LOCAL REG. AUG 23 57	26. REGISTRAR'S SIGNATURE J. Earl Smith, MD S. J.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

506 White

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 *Francis Williams*

Licensed Embalmer No. 3565
P. O. Address 3840 Bend

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.