

FILED SEP 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH30352
STATE FILE NUMBERRegistration District No. 317 Primary Registration District No. 547 Registrar's No. 1926

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo. Louis</u> COUNTY <u>Missouri</u>	
b. CITY OR TOWN <u>Richmond Hills</u> <small>(Outside corporate limits, give BOROUGH or TOWNSHIP only)</small> <u>Brentwood, Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hosp.</u>		Length of stay in lb <u>2 da</u>	
3. NAME OF DECEASED (Type or print) <u>Sister M. Laurita (Leona Himmelberg)</u> <small>First Middle Last</small>		4. DATE OF DEATH <u>Aug. 2, 1957</u> <small>Month Day Year</small>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 8, 1908</u>
9. AGE (In years last birthday) <u>48</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nun-Teacher</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nun-Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Religion</u>	
11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Frank Himmelberg</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Sellmeyer</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Sisters Most Precious Blood</u> <small>Address</small>		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>Adrenal insufficiency</u> DUE TO (b) <u>Secondary Carcinoma of adrenals</u> DUE TO (c) <u>Carcinoma of ovaries</u> <small>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</small>	
19. INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>3</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 <small>Hour a. m. p. m.</small>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>July 31, 1957</u> to <u>Aug 2 57</u> and last saw her ^{her} alive on <u>Aug 1, 57</u> Death occurred at <u>425a. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>John W. Berry M.D.</u>	
22b. ADDRESS <u>950 Francis Place</u>		22c. DATE SIGNED <u>8-3-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal Motor 8-5-57</u>		23b. DATE <u>8/3/57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Unk.</u>		23d. LOCATION (City, town, or county) (State) <u>O'Fallon, Missouri</u>	
24. FUNERAL DIRECTOR <u>Southern Funeral Home</u> <u>6322 S. Grand, St. Louis, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8/3/57</u>	
26. REGISTRAR'S SIGNATURE <u>Herbert B. Donke MD</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

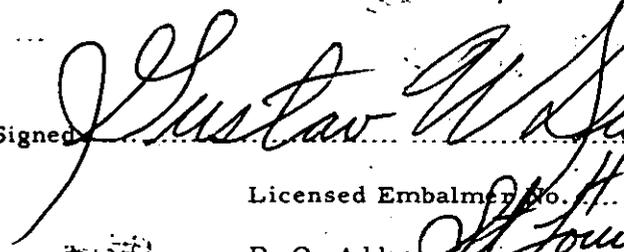
87.

D. Berry
950 Francis Pl. clayton
1015a.m.

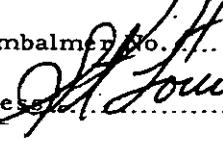
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No.

P. O. Address 

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.