

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH58-008325
State File No.

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| BIRTH NO. | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>500</u> | | Registrar's No. <u>426</u> | |
| 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.</u> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Mehlville</u> | | c. LENGTH OF STAY (in this place) <u>10 Months</u> | | c. CITY OR TOWN <u>Mehlville</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nazareth Convent</u> | | | | e. STREET ADDRESS (If rural, give location) <u>2 Nazareth Lane</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Sister Rose of Lima Cain</u> | | a. (First) | | b. (Middle) | | c. (Last) | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Never Married</u> | | 8. DATE OF BIRTH <u>Mar. 25, 1877</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Parochial Schools</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Garfield, Ill.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>Anthony Cain</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ann Janet Halligan</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Sister M. Clarissa 2 Nazareth Lane</u> | | ADDRESS | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | | | <u>Cerebral Hemorrhage</u> | | <u>1 mo</u> | |
| ANTECEDENT CAUSES | | | | DUE TO (b) | | DUE TO (c) | |
| Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | <u>with right sided hemiplegia</u> | | <u>2 yrs</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | <u>arterio-sclerotic heart disease with hypertension</u> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>H43X</u> | | 20. AUTOPSY? <u>2</u> | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.) | | 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 <u>Jan 1, 1958</u> , to <u>Feb 9, 1958</u> , that I last saw the deceased alive on <u>Feb 6, 1958</u> , and that death occurred at <u>12:35 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>George A. O'Sullivan, M.D.</u> | | | | 23b. ADDRESS <u>7629 Ivory Ave.</u> | | 23c. DATE SIGNED <u>2-10-58</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb. 12, 1958</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Nazareth Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>2 Nazareth Lane Lemay 23, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>2-11-58</u> | | REGISTRAR'S SIGNATURE <u>Robert R. Donker M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister Mortuaries</u> | | ADDRESS <u>7814 S. Broadway</u> | |

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 *Linn C Hoffmeier*

Licensed Embalmer No. 3871

P. O. Address 78148 Rd

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.