

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008438
State File No.

FILED MAR 12 1958

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 688

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

1. PLACE OF DEATH a. COUNTY St. Louis		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 - MEHVILLE		c. CITY OR TOWN MEHVILLE	c. LENGTH OF STAY (in this place) 7 years
d. FULL NAME OF HOSPITAL OR INSTITUTION Nazareth Convent		e. STREET ADDRESS (If rural, give location) 2 Nazareth Lane	

3. NAME OF DECEASED (Type or Print) Sister St. Christopher		4. DATE OF DEATH (Month) (Day) (Year) Mar. 7 1958	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Feb. 3, 1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Religion	11. BIRTHPLACE (City and State or Foreign Country) Brunswick, Mo.
13a. FATHER'S NAME Hilary Tucker		13b. MOTHER'S MAIDEN NAME Elizabeth Engel	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 Sister M. Chaisson ADDRESS 2 Naz. Lane	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterio-sclerotic heart disease with myocardial infarct		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Bronchitis		2 wks
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4/200	20. AUTOPSY? 3 YES <input type="checkbox"/> NO <input checked="" 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)	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 Dec 1, 1957 , to Mar 7, 1958 , that I last saw the deceased alive on Jul 27, 1958 , and that death occurred at 6 P. M. , from the causes and on the date stated above.		

23a. SIGNATURE (Degree or title) George A. O'Sullivan, M.D.	23b. ADDRESS 7629 Ivory Ave	23c. DATE SIGNED 3-7-58
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 10, 1958	24c. NAME OF CEMETERY OR CREMATORY Nazareth Cemetery
24d. LOCATION (City, town, or county) (State) 2 Nazareth Lane St. Louis 23 Mo		

DATE REC'D BY LOCAL REG. 3-8-58	REGISTRAR'S SIGNATURE Herbert R. Dombi, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister Mortuaries ADDRESS 781 S. Broadway
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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 *Levin C. Hoffmann*

Licensed Embalmer No. 387

P. O. Address 7814 S. B.

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.