

MARI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030496

FILED VS SEP 1 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 7647** STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 50 Years				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY _____ c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 3400 S. Grand Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) Elizabeth Howlin (Sister Germaine of the Presentation)				4. DATE OF DEATH Month August Day 17 Year 1959							
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/11/1871		9. AGE (last birthday) 88 IF UNDER 1 YEAR: Months 8 Days 8 Hours _____ Min. _____ IF UNDER 24 HR: Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religious (care of Aged)				10b. KIND OF BUSINESS OR INDUSTRY Little sisters of poor convent		11. BIRTHPLACE (City and state or country) Co. Wexford, Ireland		12. CITIZEN OF WHAT COUNTRY Ireland			
13a. FATHER'S NAME James Howlin				13b. MOTHER'S MAIDEN NAME Mary Hanlon				14. NAME OF HUSBAND OR WIFE _____			
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 Sr. Marie Jean, 3400 S. Grand Ave. Address _____					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Sen. Arteriosclerosis DUE TO (c) 420.0								INTERVAL BETWEEN ONSET AND DEATH yes yes			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 Hour _____ a.m. _____ p.m.		Month, Day, Year _____		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 St. Louis, Mo. COUNTY _____ STATE _____							
21. I attended the deceased from Jan 1959 to 8/17/59 and last saw her alive on 8/16/59 Death occurred at 3:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE R. M. ... (Degree or title) _____				22b. ADDRESS 8059 Watson Rd.				22c. DATE SIGNED 8/17/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/19/59		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) St. Louis Missouri (State) _____					
24. FUNERAL DIRECTOR Gebken Sons ADDRESS 2630 Gravois Ave.				25. DATE RECD. BY LOCAL REG. AUG 1 8'59		REGISTRAR'S SIGNATURE Loan Smith, M.D.					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed W E Morris

Licensed Embalmer No. 336

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.