MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037056

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2688

FILED SEP 28 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 4002
2 201
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4 1
5 0
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7 1
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12 91-0
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91

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton
Length of stay in 1b: 50 Years
c. CITY OR TOWN St. Louis — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fontbonne Wydown & Big Bend — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 6400 Minnesota — Reside on Farm: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

3. NAME OF DECEASED (Type or print): First Sister, Middle MARY, Last HILARY C.S.J.

4. DATE OF DEATH: Month September, Day 17, Year 1962

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-23-94
9. AGE (last birthday): 67
IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Superior
10b. KIND OF BUSINESS OR INDUSTRY: Religious
11. BIRTHPLACE (City and state or country): Hancock, Michigan
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Michael J. Kratt
13b. MOTHER'S MAIDEN NAME: Katherine Franz
14. NAME OF HUSBAND OR WIFE: ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: --
17. INFORMANT: Sister Address: Urbana, 6400 Minnesota

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 min Estimate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 April 12 1962 to Sept 17, 1962 and last saw her/him alive on May 4, 1962
Death occurred at approximately 4 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James A Redington M.D.
22b. ADDRESS: 950 Francis Place Clayton 5 Mo
22c. DATE SIGNED: 9-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-18-62
23c. NAME OF CEMETERY OR CREMATORY: Nazareth Convent Cemetry
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: Arthur J. Donnelly ADDRESS: 3840 Lindell Blvd.
25. DATE RECD. BY LOCAL REG.: 9-17-62
26. REGISTRAR'S SIGNATURE: John Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr James Redington
950 Francis Pl.
Pa 7-5336
12 to 4 Mon

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_____ Signed Francis Williamson
Signature of Student Embalmer

Licensed Embalmer No. 3565

P. O. Address 3840 Lindell

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.