

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037145
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2682

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | | | |
|--|--|--|---|---|--|
| FILED SEP 25 1962 | | 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY St. Louis | | b. CITY (If outside corporate limits, give TOWNSHIP only) Oakland | | a. STATE Missouri b. COUNTY St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) Ursuline Convent. | | Length of stay in lb YRS. | | c. CITY OR TOWN Oakland Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. STREET ADDRESS 800 E. Monroe | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) MOTHER MARY CALLISTA MURRAY | | | 4. DATE OF DEATH Sept. 15, 1962 | | |
| 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 1-1-1883 | | 9. AGE (last birthday) 79 | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nun | | 10b. KIND OF BUSINESS OR INDUSTRY Religious | | 11. BIRTHPLACE (City and state or country) Kingston, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Hugh William | | 13b. MOTHER'S MAIDEN NAME Sarah Jane Agnew | |
| 14. NAME OF HUSBAND OR WIFE None | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT 800 E. Monroe - Kirkwood | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, hypostatic DUE TO (b) Fall, c ecchymoses, multiple DUE TO (c) 8 wk. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral arteriosclerosis, mod. severe 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 | | INTERVAL BETWEEN ONSET AND DEATH 6 wk. 8 wk. | |
| 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.) Fell getting out of bed @ | |
| 20c. TIME OF INJURY Hour 8:00 p.m. Month, Day, Year Jul. 15 '62 night - bumped rt. ribs + left scapula, rt. elbow. In confusion had climbed over side rails. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home | |
| 20f. CITY, TOWN, OR LOCATION Kirkwood | | 20g. COUNTY Mo. | | 20h. STATE Mo. | |
| 21. I attended the deceased from 1957 to 15 Sep 62 and last saw her alive on 4 Aug 62 Death occurred at 4 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE J. Johnston M.D. | | 22b. ADDRESS 206 W. Argonne, Kirkwood | |
| 22c. DATE SIGNED 15 Sept 62 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Sept. 17, 1962 | |
| 23c. NAME OF CEMETERY OR CREMATORY St. Peters Cem. | | 23d. LOCATION (City, town, or county) Kirkwood 22, Mo. | | (State) | |
| 24. FUNERAL DIRECTOR Pfizinger Mort. Kirkwood 22, Mo. | | 25. DATE RECD. BY LOCAL REG. 9-17-62 | | 26. REGISTRAR'S SIGNATURE John W. Murphy '73 | |

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 Richard J. San Jr.

Licensed Embalmer No. 4800

P. O. Address Richwood 22 Mo.

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.