

FILED FEB 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4754

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 450

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 6 yrs.		d. STREET ADDRESS (If rural, give location) 2700 Peery	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Aloysius Convent			

3. NAME OF DECEASED (Type or Print) Sister Mary St. Albert	a. (First)	b. (Middle) GLASS	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Jan. 30, 1951
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 2-5-1889	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) Teacher, B.V.M.	10b. KIND OF BUSINESS OR INDUSTRY Sisters of Charity	11. BIRTHPLACE (State or foreign country) Cresco, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Albert Glass	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE —
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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 Convent Records, 2700 Peery, K. C., Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ac Corclea de compression		3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension		15 yrs
DUE TO (c) none			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		445*	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **April**, 19 **47** to **1/30**, 1951, that I last saw the deceased alive on **1/29/51**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE OF EMBALMER O. J. ...	23b. ADDRESS 1703 ...	23c. DATE SIGNED 1/30/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-1-51	24c. NAME OF CEMETERY OR CREMATORY St. Mary's	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 1-31-51	REGISTRAR'S SIGNATURE M. ...	25. FUNERAL DIRECTOR'S SIGNATURE Mellody-McGilley-Eylar	ADDRESS Kansas City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

USA	Jan. 30, 1951	2700 Perry	Kansas City	Jackson
61	CLASS	2700 Perry	Kansas City	Jackson
2-5-1889	never married	white	female	
Cresco, Iowa	Sisters of Charity	Teacher, R.V.M.	Albert Glass	
Convent Records, 2700 Perry, K. C., Mo.	none	Unknown	no	

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.....

.....
 working under my personal supervision.

Student Embalmer No.....

Signed.....



Signed.....
 Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, facts should be so stated above.

2-1-51

Burial

Miss Mary St. Albert, Kansas City, Mo.