

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

7054

State File No. \_\_\_\_\_

FILED FEB 23 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 317

4000

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy</u>		c. LENGTH OF STAY (in this place) <u>2 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy 21</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>13 TOWN Normandy</u>	
3. NAME OF DECEASED a. (First) <u>Sister Frances</u> b. (Middle) <u>(Frances)</u> c. (Last) <u>Xavier Driscoll</u>		4. DATE OF DEATH (Month) <u>2</u> (Day) <u>6</u> (Year) <u>51</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Religious</u>	8. DATE OF BIRTH <u>Dec. 3, 1885</u>
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Religious</u>	11. BIRTHPLACE (State or foreign country) <u>New Orleans, La.</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Sister of Charity</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John J. Driscoll</u>		13b. MOTHER'S MAIDEN NAME <u>Bridget McGrath</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sister Leonia</u>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>hemorrhage cerebral vessel</u> ANTECEDENT CAUSES <u>arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II: OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Normandy, Mo.</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>2/5, 1951</u> , to <u>2/6, 1951</u> , that I last saw the deceased alive on <u>2/6, 1951</u> , and that death occurred at <u>8:49</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. Thymon M. D.</u>		23b. ADDRESS <u>3715 Nelson St.</u>	
23c. DATE SIGNED <u>2/7/51</u>		24. LOCATION (City, town, or county) (State) <u>Normandy, Mo.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/8/51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Marillac Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Normandy, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/9/51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Tomke M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>FR Cullen &amp; Kelly</u>		ADDRESS <u>7267 Natural Bridge</u>	

3715 11

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 .....  
Student Embalmer

Signed *James G. Lammers*

Licensed Embalmer No. *4142*

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