

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **654**

FILED FEB 4 1952

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY	
c. LENGTH OF STAY (in this place) 12 YRS		d. STREET ADDRESS (If rural, give location) ST. MARYS HOSPITAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL		d. STREET ADDRESS (If rural, give location) ST. MARYS HOSPITAL	

3. NAME OF DECEASED (Type or Print) a. (First) SISTER MARY CAROLINE b. (Middle) ARETZ c. (Last) ARETZ			4. DATE OF DEATH (Month) (Day) (Year) JAN 25, 1952		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH MARCH 29, 1874	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 9 Days 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CATHOLIC NUN		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) GERMANY		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM ARETZ	13b. MOTHER'S MAIDEN NAME ELIZABETH INGENKUETT	14. NAME OF HUSBAND OR WIFE NONE
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 ST. MARYS HOSPITAL RECORDS ADDRESS J. C. MO.

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c)		
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 4200	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
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?

22. I hereby certify that I attended the deceased from **1-1-52**, 1952, to **1-25-52**, 1952, that I last saw the deceased alive on **1-25-52**, 1952, and that death occurred at **6 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE R. P. Davis MD (Degree or title)	23b. ADDRESS Jeff. City - Mo	23c. DATE SIGNED 1-30-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN. 29, 1952	24c. NAME OF CEMETERY OR CREMATORY ST. PETERS
24d. LOCATION (City, town, or county) (State) JEFFERSON CITY, MO.		25. FUNERAL DIRECTOR'S SIGNATURE Lybrate Dulle ADDRESS J. C. MO
DATE REC'D BY LOCAL REG. Feb 1-1952	REGISTRAR'S SIGNATURE R. P. Davis MD - MR 53	25. FUNERAL DIRECTOR'S SIGNATURE Lybrate Dulle ADDRESS J. C. MO

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

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 _____

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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 this body is not embalmed, fact should be so stated above.