

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11481

State File No. _____

FILED MAR 19 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 405

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>NORMANDY</u>	c. LENGTH OF STAY (in this place) <u>12 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>NORMANDY</u> <u>4001</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VILLA ST LOUISE</u>		d. STREET ADDRESS (If rural, give location) <u>VILLA ST LOUISE</u> <u>011</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SISTER BORGIA (JOSEPHINE)</u> b. (Middle) <u>MITCHELL</u> c. (Last) <u>MITCHELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 12, 1952</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>SEPT 10, 1862</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RELIGIOUS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DAUGHTER OF CHARITY OF ST. VEDER</u>	11. BIRTHPLACE (State or foreign country) <u>PHILADELPHIA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ROBERT MITCHELL</u>		13b. MOTHER'S MAIDEN NAME <u>EVA ANNA BURNS</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>SISTER HENRIETTA MARILLAC SEMINARY</u> ADDRESS <u>MARILLAC SEMINARY</u>	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pt Pneumonitis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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 2-11, 1952 to 2-12, 1952, that I last saw the deceased alive on 2-11, 1952, and that death occurred at 8:52 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. J. Moore M.D.</u>	23b. ADDRESS <u>7315 Pasadena Blvd 2140</u>	23c. DATE SIGNED <u>2-13-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB 14, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MARILLAC</u>
24d. LOCATION (City, town, or county) (State) <u>NORMANDY MO.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Callen Kelly</u> ADDRESS <u>7267 NATURAL BRIDGE</u>	
DATE REC'D BY LOCAL REG. <u>2-14-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Danhe M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-40

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 A. 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.