No. 300
10.48

FILED MAR 4 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8305

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 623

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

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Wellston
c. LENGTH OF STAY (in this place): 4 mos. 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Vincent's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St.Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Wellston
d. STREET ADDRESS (If rural, give location): 7301 St. Charles Rock Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): Sister
b. (Middle): Agnes (Ellen)
c. (Last): Donovan

4. DATE OF DEATH (Month) (Day) (Year): Feb. 22,1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Jan. 6, 1870
9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months: 1 Days:
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse -Religious
10b. KIND OF BUSINESS OR INDUSTRY: Daughters of Charity
11. BIRTHPLACE (State or foreign country): Boston, Massachusetts
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: James Donovan
13b. MOTHER'S MAIDEN NAME: Mary Hurley
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: St. Vincent's Hospital
ADDRESS: 7301 St. Charles

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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — Years
DUE TO (c) Decubitus lesion lt. hip — 4 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility — Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 420.0
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/8/52, 1952, *to* 2/22, 1953, *that I last saw the deceased alive on* 2/21, 1953, *and that death occurred at* 2:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. A. Costrino, M.D.
23b. ADDRESS: 2407 N. Bdway, St. Louis 6, Mo.
23c. DATE SIGNED: 2/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 24, 1953
24c. NAME OF CEMETERY OR CREMATORY: Marillac
24d. LOCATION (City, town, or county): Normandy (State): Mo.

DATE REC'D BY LOCAL REG.: 2-23-53
REGISTRAR'S SIGNATURE: Herbert R. Dowd M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Cullen & Kelly
ADDRESS: 7267 Nat'l Bridge

(Licensed Embalmer's Statement on Reverse Side)

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.