

FILED JAN 14 1954

STANDARD CERTIFICATE OF DEATH

State File No. 3583

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 54

4001

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>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>NORMANDY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>NORMANDY 4181</u>	
c. LENGTH OF STAY (in this place) <u>3 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>VILLA St. Louise</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Villa St. Louise</u>			

3. NAME OF DECEASED (Type or Print) <u>SISTER LUCRETIA (LUCKY) MSINTIRE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN-7-1954</u>		
a. (First)	b. (Middle)		c. (Last)	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>FEB-20-1880</u>	9. AGE (In years last birthday) <u>73</u>	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>St. CHARITY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>FOUNTAINDALE PENN.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
---	-------------------------------------	---	--	--	--	---

13a. FATHER'S NAME <u>JAMES MSINTIRE</u>	13b. MOTHER'S MAIDEN NAME <u>MARY FLAUITT</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>ITS</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sister Rose Mary Villa</u>	ADDRESS <u>St. Louise</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>
---	--	--	--

ANTECEDENT CAUSES	DUE TO (b) <u>arteriosclerosis, 2 yrs</u>
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---	--

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	---	----------------------------

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	22. I hereby certify that I attended the deceased from <u>Jan 10, 1954</u> to <u>Jan 7, 1954</u> , that I last saw the deceased alive on <u>Dec 11, 1953</u> , and that death occurred at <u>7:10 p.m.</u> , from the causes and on the date stated above.
--	--

23a. SIGNATURE (Degree or title) <u>Eden M. Bridger M.D.</u>	23b. ADDRESS <u>607 No. Grand</u>	23c. DATE SIGNED <u>1-7-54</u>
--	-----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN-9-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MARILLAC CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>NORMANDY St. Louis MO.</u>
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. <u>1-7-54</u>	REGISTRAR'S SIGNATURE <u>Norbert R. Donke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelly</u>	ADDRESS <u>7267 Mt. Bridge</u>
--	--	---	--------------------------------

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.