

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10650**

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 672

1. PLACE OF DEATH a. COUNTY <u>St. Mary's Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>St. Louis, Clayton County, Mo.</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton Rich Hts Mo</u> d. STREET ADDRESS (If rural, give location) <u>St. Mary's of the Angels</u> <u>1100 Bellevue Ave. St. Louis, Mo.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Missouri</u>	c. LENGTH OF STAY (In this place) <u>10 years</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital, St. L. Mo.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Modesta, Sister Mary, SSM (Brian)</u>	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>3-15-54</u>
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5. SEX <u>Fe.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>April 27, 1876</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days	IF OVER 1 YEAR Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nursing Sister</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>St. Mary's Hosp</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Stithton, Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Brian</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Buckman</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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 M. Francine</u>	ADDRESS <u>1100 Bellevue Avenue</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular disease with Arteriosclerosis</u> DUE TO (c) <u>Auricular fibrillation</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac failure</u>		<u>3-9-54 p.m.</u>	

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>
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22. I hereby certify that I attended the deceased from March 10, 1954, to March 15, 1954, that I last saw the deceased alive on March 15, 1954, and that death occurred at 9:35 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	23b. ADDRESS <u>1004 Missouri Theatre Bldg.</u>	23c. DATE SIGNED <u>3-15-54</u>
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24a. DATE <u>Mar 18-1954</u>	24b. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem</u>	24c. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-16-54</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donahue</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>6536 Clayton Rd</u>
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527 (Licensed Embalmers' Statement on Reverse Side) Rich Hts Mo

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 J. W. M. Binkley

Licensed Embalmer No. 3652

P. O. Address J. Louis & Co.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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

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