

FILED SEP 8 1954

STANDARD CERTIFICATE OF DEATH

28785  
State File No. 7692

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Normandy</b>		d. STREET ADDRESS (If rural, give location) <b>Villa St. Louise</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DePaul Hospital</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 18, 1954</b>			
3. NAME OF DECEASED (Type or Print) <b>Sister Agatha (Agatha) Thiele Breidenbach</b>		a. (First)		b. (Middle)		c. (Last)	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>May 18 1877</b>	
9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Religious</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Daughter of Charity</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Coon Valley Wis.</b>			
13a. FATHER'S NAME <b>Anton Thiele</b>		13b. MOTHER'S MAIDEN NAME <b>Agatha Von Ruden</b>		14. NAME OF HUSBAND OR WIFE <b>unknown</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Sister Rosemary Villa St. Louise</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Generalized Arteriosclerosis</b>					
		DUE TO (c) <b>Acute Empyema of Gall Bladder</b>					
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				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 <b>4221</b>			
22. I hereby certify that I attended the deceased from <b>8/17</b> , 1954, to <b>8/18</b> , 1954, that I last saw the deceased alive on <b>8/18</b> , 1954, and that death occurred at <b>3 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W. C. Moore</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>7315 Pasadena Blvd.</b>		23c. DATE SIGNED <b>8/18/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>8/20/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Marillac</b>		24d. LOCATION (City, town, or county) (State) <b>Normandy Mo.</b>	
DATE REC'D BY LOCAL <b>AUG 19 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Callie Kelly</b>		ADDRESS <b>7267 Natural Bridge</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

G.P.

**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. Lemmers*

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.