

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **20630**

FILED JUN 30 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1292

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>St. Louis County</u>		a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis County</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>	
c. LENGTH OF STAY (in this place) <u>48 5</u> <u>70 years</u>		d. STREET ADDRESS (If rural, give location) <u>1100 Bellevue Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Sister</u>	b. (Middle) <u>Mary Olivia</u>	c. (Last) <u>Ernst</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>June 4 1955</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>Feb. 6, 1889</u>	9. AGE (In years last birthday) <u>66</u>	10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	11. IF UNDER 10 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sister in Religion</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Sister of St. Mary</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Peter's, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Ernst</u>	13b. MOTHER'S MAIDEN NAME <u>Mathilda Mueller</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		region	INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peptic ulcer, perforated, pyloric</u>			<u>3 days ?</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Peritonitis; Shock, extreme</u> DUE TO (c) _____			<u>23 hrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Schizophrenia (old)</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>5401</u>
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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?
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22. I hereby certify that I attended the deceased from June 3, 1955, to June 4, 1955, that I last saw the deceased alive on June 4th, 1955, and that death occurred at 1:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James R. Vadeboncoeur M.D.</u>	23b. ADDRESS <u>635 North Grand, St. Louis, Mo.</u>	23c. DATE SIGNED <u>6-4-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 7-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem. St. Louis City</u>	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. <u>6/6/55</u>	REGISTRAR'S SIGNATURE <u>Hebert R. Dwyer, M.D.</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Bourgeois</u>	ADDRESS <u>6536 Clayton Rd.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Book 1000

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

John J. Harris

Licensed Embalmer No.

P. O. Address

*2110 S
Harris MO*

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.