

No. 300
10.48

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

43065

FILED JAN 12 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 580 Registrar's No. 2972

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wellston</u> | | c. LENGTH OF STAY (in this place) <u>2 yrs. 7 mos.</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | <u>209</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Hospital</u> | | | d. STREET ADDRESS (If rural, give location) <u>5418 Cabanne Ave.,</u> | | |

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|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Sister Mary Borgia</u> b. (Middle) <u>(Shay)</u> c. (Last) _____ | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>12-19-55</u> | | |
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| 5. SEX <u>F.</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>3-3-1889</u> | 9. AGE (In years last birthday) <u>66</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Religious-Teacher</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Teaching</u> | 11. BIRTHPLACE (State or foreign country) <u>Kansas City, Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>James Shay</u> | | 13b. MOTHER'S MAIDEN NAME <u>Anna Flaherty</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 ADDRESS: <u>Medical Records St. Vincent's Hospital</u> | | | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH Years |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> | | | | | <u>Years</u> |
| * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | ANTECEDENT CAUSES | DUE TO (b) <u>Generalized Arteriosclerosis</u> | | <u>"</u> | |
| | DUE TO (c) <u>Generalized Osteoarthritis</u> | | | <u>"</u> | |
| | II. OTHER SIGNIFICANT CONDITIONS <u>Paranoid Personality</u> | | | | |

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|------------------------|--|--|--|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4200</u> | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from 5-21-53, 1953, to 12-19-55, 1955, that I last saw the deceased alive on 12-19-55, and that death occurred at 1:45 Pm., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>J. A. Costrino</u> (Degree or title) <u>J. A. COSTRINO, M.D.</u> | 23b. ADDRESS <u>2407 N. Broadway, St. Louis, Mo.</u> | | 23c. DATE SIGNED <u>12-19-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>Dec. 20, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u> | |
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| DATE REC'D BY LOCAL REG. <u>12-20-55</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Donnelly</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Donnelly</u> | ADDRESS <u>3840 Lindell Blvd.</u> | |
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(Licensed Embalmer's Statement on Reverse Side)

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

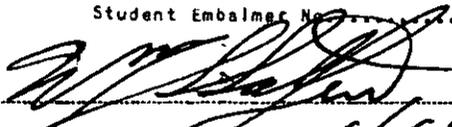
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

working under my personal supervision.

Student Embalmer No.

Signed



Signed.....
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address 3840 Linden

- 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.