

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **46894**

FILED JAN 7 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **3112**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		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>FRONTENAC</b>	c. LENGTH OF STAY (in this place) <b>2 1/2 years</b>	c. CITY OR TOWN (Frontenac) <b>4000</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2307 S. LINDBERGH</b>		e. STREET ADDRESS (If rural, give location) <b>2307 S. LINDBERGH</b>	

3. NAME OF DECEASED (Type or Print) <b>Sister Mary Herman</b>	a. (First) _____ b. (Middle) <b>(Catherine Ward)</b> c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 10, 1957</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>Dec. 26, 1887</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic work</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>County Donegal, Ireland</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Thomas Ward</b>	13b. MOTHER'S MAIDEN NAME <b>Bridget Doherty</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give year or date of service) <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>SISTER TERESA MARTIN</b>	ADDRESS <b>2307 S. Lindbergh</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic carcinoma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>months</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of the stomach year</b>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>151X</b>			

19a. DATE OF OPERATION <b>9-5-57</b>	19b. MAJOR FINDINGS OF OPERATION <b>Annular carcinoma of stomach</b>	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)
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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 **8-23, 1957**, to **12-10, 1957**, that I last saw the deceased alive on **12-7-**, 1957, and that death occurred at **3:10 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Charles Miller M.D.</b> (Degree or title)	23b. ADDRESS <b>206 N. Clay, Kirksville, Missouri</b>	23c. DATE SIGNED <b>12-10-57</b>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <b>12 Dec 57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>
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DATE REC'D BY LOCAL REG. <b>12-10-57</b>	REGISTRAR'S SIGNATURE <b>Herbert B. Donohue</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>James J. Donnelly</b>	ADDRESS <b>3810 Lindbergh</b>
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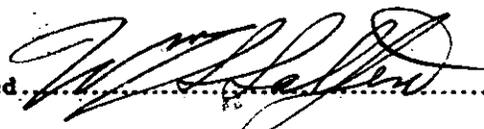
WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's statement on Reverse Side)

**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.....  
Signature of Student Embalmer .

Signed.....  


Licensed Embalmer No. 4699  
P. O. Address 384 Lena

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.