

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

-61-039678

AMENDED

DATE PROVIDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2885 STATE FILE NUMBER

**FILED OCT 24 1961**

**L. PLACE OF DEATH**  
 a. COUNTY St. Louis  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lemay Length of stay in lb 5 yrs  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nazareth Convent Inside Limits Yes  No

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY St. Louis  
 c. CITY OR TOWN Lemay Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 2 Nazareth Lane Reside on Farm Yes  No

**3. NAME OF DECEASED** First Middle Last  
Sister Mary Viater Shallcross  
 4. DATE OF DEATH Month Day Year  
October 11 1961

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 6-8-1893 9. AGE (last birthday) 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher Retired  
 10b. KIND OF BUSINESS OR INDUSTRY Parochial School 11. BIRTHPLACE (City and state or country) Gorton, England 12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME Walter Shallcross 13b. MOTHER'S MAIDEN NAME Mary Teresa McGee 14. NAME OF HUSBAND OR WIFE -----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Sister M. Silvera Address 2 Nazareth Lane

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 1 day  
 DUE TO (b) arterio-sclerotic heart disease 2 yrs  
 DUE TO (c) hypertension and left hemiplegia  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) no diabetes mellitus PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year  
 a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept. 1 - '61 to Oct 11, '61 and last saw her alive on Oct. 10, '61  
 Death occurred at 5:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George A. O'Sullivan, M.D. 22b. ADDRESS 7629 Ivory Ave 22c. DATE SIGNED 10-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Oct. 14, 1961 23c. NAME OF CEMETERY OR CREMATORY Nazareth Cemetery 23d. LOCATION (City, town, or county) (State) Lemay Mo.

C. Hornefelster Mortuaries 7814 S. Broadway ADDRESS 25. DATE RECD. BY LOCAL REG. 10-13-61 26. REGISTRAR'S SIGNATURE J. C. Miller, M.D.

**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

*John J. Dennehy*

Licensed Embalmer No. 4194

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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