

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050292

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 4024

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 3 1964		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Louis		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mehlville		a. STATE Mo. b. COUNTY St. Louis	
c. FULL NAME OF HOSPITAL OR INSTITUTION Nazareth Convent		Length of stay in 1b		c. CITY OR TOWN Mehlville	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits		d. STREET ADDRESS 2 Nazareth Lane	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Middle Last Sister Florence Benigna McDonough			Month Day Year December 29 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-30-1877	9. AGE (last birthday) 86	IF UNDER 1 YEAR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher--Retired		10b. KIND OF BUSINESS OR INDUSTRY Parochial Schools	11. BIRTHPLACE (City and state or country) Versailles, Mo.		IF UNDER 24 HR
13a. FATHER'S NAME Francis McDonough		13b. MOTHER'S MAIDEN NAME Honora Soraghan		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. -----		17. INFORMANT Sister M. Silvera 2 Nazareth Lane 29	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH	
		hypertensive cardiovascular renal disease.		15 yrs.	
		generalized arteriosclerosis			
		DUE TO (b)			
		DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days.		
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 19		20f. CITY, TOWN, OR LOCATION		STATE
21. I attended the deceased from 1960 to death and last saw her alive on Nov 22, 63		Death occurred at 10.10 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John G. Keellett MD (Degree or title)		22b. ADDRESS 2314 Telegraph		22c. DATE SIGNED 12-30-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-31-1963	23c. NAME OF CEMETERY OR CREMATORY Nazareth Cemetery		23d. LOCATION (City, town, or county) (State) Mehlville, Mo.
24. FUNERAL DIRECTOR C. Hofmeister Mortuaries ADDRESS 7814 S. Broadway		25. DATE RECD. BY LOCAL REG. 12-30-63		26. REGISTRAR'S SIGNATURE John M. Murphy MD	

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Bice C. Brannon

Licensed Embalmer No. 4764

P. O. Address St Louis 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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

Dr. Kellogg