

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

14942

1. PLACE OF DEATH

County..... Registration District No. **701**
Township..... Primary Registration District No. **1003**
City..... **St. Louis** (No. **St. Johns Hospital**)

File No.....
Registered No. **4368**
St. Ward)

2. FULL NAME

Louis B. Devereux
(a) Residence. No. **4717 Lexington** St., **6** Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Annie Devereux**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Sept 16 - 1876**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 7 14

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Plumber**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis**

10. NAME OF FATHER **James Devereux**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

12. MAIDEN NAME OF MOTHER **Catherine Delaney**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

14. INFORMANT **Annie Devereux**
(Address) **4717 Lexington**

15. FILED **MAY -2 1930**
Max O. Dardoff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Apr. 30 1930**

17. I HEREBY CERTIFY, That I attended deceased from **Apr. 29**, 19**30**, to **Apr. 30**, 19**30**, that I last saw him alive on **Apr. 30**, 19**30**, and that death occurred, on the date stated above, at **2** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malignant Oedema
100%
78%
36 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **Gangrenous Stomatitis**
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH **950**

DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **Apr. 29, 1930**

WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **W. O. ...** M. D.

5-1-, 19**30** (Address) **Union Park Bldg.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary** DATE OF BURIAL **5-3 19-30**

20. UNDERTAKER **Arthur J. Donnelly** ADDRESS **2039 Wash St**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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W. M. G. ...
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