

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

Do not use this space.

16541

1. PLACE OF DEATH

County.....
Township.....
City..... *St Louis*

Registration District No.....
Primary Registration District No.....
(No. *5103, Wells Ave*)

791
1008

File No.....
Registered No. *5063*
St..... Ward)

2. FULL NAME

Catherine Delaney Devereux

(a) Residence, No. Sl. *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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widow*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Feb 6 - 1845*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
86 2 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *at Home*
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) *Illinois*
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER *James Delaney*
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*
12. MAIDEN NAME OF MOTHER *Ellen McKeena*
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

14. INFORMANT *James Devereux*
(Address) *5103 Wells Ave*

15. FILED *28* REGISTRAR *[Signature]*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *April 27* 19*31*

17. I HEREBY CERTIFY, That I attended deceased from *Nov 9* 19*30* to *April 27* 19*31* that I last saw h. *us* alive on *April 27* 19*31*, and that death occurred, on the date stated above, at *6:15 a* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
97
2013
Heart. Entertic
(duration) yrs. mos. *15* ds.

CONTRIBUTORY (SECONDARY) *Arterio Sclerosis*
(duration) *4* yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY? *(1)*

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) *John W. Devereux* M. D.
4/27, 1931 (Address) *1703 S. Grand Ave*

*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 Cemetery* DATE OF BURIAL *4/30* 19*31*

20. UNDERTAKER *Arthur J. Donnelly Undertaker* ADDRESS *3846 Lindell Blvd*

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.

WRITE PLAINLY, WITH UNWAVERING INK—THIS IS A PERMANENT RECORD

1703 B