WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 10704

Township ..... Primary Registration District No. ..... Registered No. 2526

City St. Louis (No. 5626 Julian Ave St. ..... Ward)

2. FULL NAME Anna DeVine

(a) Residence, No. 5626 Julian Ave St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF XXXXXXXXXXXXXXXXXXXXXXXXXXXX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2nd. 1871

7. AGE: 62 yrs 6 mo 9 da. If LESS than 1 day, ... hrs. or ..... min.

235

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

1 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

15 FATHER

13. NAME Eugene DeVine

15 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Margaret Murphy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Katherine Fitzgerald 5626 Julian Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemt. DATE Mar 14th 34

19. UNDERTAKER (ADDRESS) Harrigan & Sheahan Und Co 4415 Washington Blvd.

20. FILED MAR 13 1934 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to Mar 11, 1934

I last saw her alive on Mar 9, 1934. Death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Mar 1 34
107A	
106A	
107A	

Other contributory causes of importance:

Chronic Bronchitis	5 Years ago

Name of operation no Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Wm J. Langan, Jr, M. D.

(Address) 5803 Plymouth Av.