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.

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

APR 29 1935

Do not use this space.

14787

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 4236 W Page Blvd St. ..... Ward)

File No. ..... Registered No. 3637

2. FULL NAME William J Devine

(a) Residence, No. ..... St., 11 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 Anna Devine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 - 1875

7. AGE: YEARS 59 | MONTHS 8 | DAYS 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

FATHER

13. NAME Wm Devine
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Anna Devine 4236 W Page Blvd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE 4/24 1935

19. UNDERTAKER (ADDRESS) Arthur J Donnelly 3840 Lindell Blvd

20. FILED APR 22 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/24, 1933, to 4/12, 1935

I last saw him alive on April 12, 1935. Death is said to have occurred on the date stated above, at 10:45 P.

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

Chronic myocarditis — Date of onset at least before 3/24/33

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Robert C. Freeman, M. D.

(Address) Mo. Pacific Hospital 1755 So. Grand St Louis, Mo

Dr Tremaine