MAR 5-1937

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 File No. 8523

Township ..... Primary Registration District No. 1003 Registered No. 1978

City St. Louis (No. 2809 Elliott Ave St. ..... Ward)

2. FULL NAME William Mc. Devitt, 2

(a) Residence, No. 2809 Elliott Ave. St., 20 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: 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 Anastatia Mc. Devitt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1864

7. AGE: YEARS 72 MONTHS 9 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent 14

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) Washington Mo. 1

FATHER

13. NAME Daniel Mc. Devitt 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know 31

MOTHER

15. MAIDEN NAME Kate Brennan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Anastatia Mc. Devitt 2809 Elliott Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Ann's Cem. DATE Feb. 16, 1937

19. UNDERTAKER (ADDRESS) CULLINANE BROS 1710 N GRAND BLVD

20. FEB 15 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1936, to Feb 13th, 1937

I last saw him alive on Feb 13 1937. Death is said to have occurred on the date stated above, at ~~Feb~~ 2:30 p.m. 9 m.

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

Myocarditis Chronic — Date of onset 2 yrs

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Other contributory causes of importance: Chronic Nephritis Parenchymatous

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) M. A. Crees, M. D.

(Address) 2626 Glasgow Av

630

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.

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