APR 9 1937

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

Do not use this space.

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File No.
Registered No. 2903

1. PLACE OF DEATH

County ..... Registration District No. .....
Township ..... Primary Registration District No. .....
City St Louis (No. Mo Pacific Hospital St. ..... Ward)

2. FULL NAME WILLIAM AUGUSTUS DEVENNY (DeVeny)

(a) Residence, No. 2301 So. SPRING St., 17 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARY J. DEVENY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 9, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	69	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. PASSENGER CONDUCTOR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MO PAC. R.R.

10. Date deceased last worked at this occupation (month and year) MARCH 7, 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA

FATHER

13. NAME JACOB DEVENY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT Mary J. DeVeny
(ADDRESS) 2301 So. Spring

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory DATE 3-16 1937

19. UNDERTAKER Kieselhuns & Martuccio
(ADDRESS) 4218 So. Broadway

20. FILED MAR 15 1937 J. H. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from MARCH 7, 1937, to MARCH 13, 1937

I last saw him alive on MARCH 13, 1937. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

BRONCHO PNEUMONIA — Date of onset 3/6/37

Other contributory causes of importance:
CHR. MYOCARDITIS
SENILITY

Name of operation ..... 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) J. J. Vandover, M. D.
(Address) Missouri Pacific Hosp

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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