

AUG 2 1938

REC'D AUG 9 1938

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

26579

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 284
(b) Township St. Ferdinand Primary Registration District No. 200 Registered No. 1300
(c) City (d) Street No. 109 Laurence Place St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mamie R. DeVoë

(a) Residence, No. 109 Laurence Place St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Frank DeVoë

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18th 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 3 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) St. Louis 0
(STATE OR COUNTRY) Missouri

FATHER 13. NAME August Schnelle 9

14. BIRTHPLACE (CITY OR TOWN) Unknown 9
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Rose Astroth

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

17. INFORMANT Frank DeVoë
(ADDRESS) 109 Laurence Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Aug. 4th, 1938

19. FUNERAL DIRECTOR (NAME) Stroot - Carroll
(ADDRESS) 4600 Natural Bridge Ave

20. FILED AUG 2 1938 T. R. Meyer, M.D., Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31st 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 5 1938, to July 31 1938
I last saw her alive on July 31 1938. Death is said to have occurred on the date stated above, at 11.15p

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

Carcinoma ✓ Date of onset 9

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Physical X-ray 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) Eugene S. Arnold, M. D.

(Address) 4356 Warner

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Licensed Embalmer No. 2265

P. O. Address 4601 York Bridge

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

26579
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township St. Ferdinand Primary Registration District No. 200
 (c) City..... (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Mamie R. Deibel
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) M
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
- | 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day,hrs. ormin. |
|--------|-----------|----------|-----------|--|
| | <u>58</u> | <u>3</u> | <u>13</u> | |
- OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.....
 9. Industry or business in which work was done, as 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)
- FATHER
13. NAME.....
 14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)
- MOTHER
15. MAIDEN NAME.....
 16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)
17. INFORMANT (ADDRESS).....
18. BURIAL, CREMATION, OR REMOVAL
 PLACE..... DATE..... 19.....
19. FUNERAL DIRECTOR (ADDRESS).....
20. FILED..... 19.....
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 1938
22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.
 The principal cause of death and related causes of importance were as follows:
Cardiomyopathy Esophagus
 Date of onset Jan 1938
- Other contributory causes of importance:
Hypertension
- Name of operation..... 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?.....
 If so, specify.....
 (Signed) Eugene L. Arnold, M. D.
 (Address) 439 S. Warner St. St. Louis Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

