

REC'D APR 12 1939

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

8482  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... 2 Registration District No. .... 791  
(b) Township ..... Primary Registration District No. .... 1003  
(c) City or ST. LOUIS MO. 1 (d) Street No. .... 2756 RUTGER ST. Registered No. .... 2247  
(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

MATHILDA DEVINE  
(a) Residence, No. 2756 RUTGER ST. St. 22 (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 THOMAS DEVINE  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 13 - 1858  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 80 3 22  
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. HOUSEKEEPER  
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) MISSOURI 0  
13. NAME FATHER JOHANN REISS 6  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY 6  
15. MAIDEN NAME MOTHER MARY UNK.  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY  
17. INFORMANT THOMAS DEVINE (ADDRESS) 2756 RUTGER ST.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla CEM DATE MARCH 10, 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. J. Schmur 3125 Lafayette av. MAR 8 1939  
20. FILED J. F. Bullock Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 7 1939  
22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1939 to March 7 1939  
I last saw her alive on March 6 1939 Death is said to have occurred on the date stated above, at 2:35 p.m.  
The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis  
Date of onset  
Other contributory causes of importance: Smiles  
Name of operation None Date of  
What test confirmed diagnosis? None 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  
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 (Address) 3515 S Grand M. D.

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.

---

---

**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

*Jose B. Wallmer*

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette av*

**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.**