APR 12 1939

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

8591
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 2356

(c) or City St. Louis, Mo. (d) Street No. City Sanitarium St.

(e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 10 Katherine DeVoy

(a) Residence, No. 5400 Arsenal St. St. 13 (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: George DeVoy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 11, 1881

7. AGE: 57 yrs. Years | Months: 10 | Days: 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Nurse
9. Industry or business in which work was done, as saw mill, bank, etc.: Sanitarium
10. Date deceased last worked at this occupation (month and year): Mar. 6, 1939
11. Total time (years) spent in this occupation: 5yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Winchester, Virginia

FATHER

13. NAME: Wm. Mason Robinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Winchester, Virginia

MOTHER

15. MAIDEN NAME: Anna Rebecca Hodgson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Winchester, Virginia

17. INFORMANT (ADDRESS): H. P. Smith, M.D. 5400 Arsenal St.

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ PLACE: MO Crematory DATE: 3/13/39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Thos J Furon 1519 S Grand Boul

20. FILED: MAR 12 1939 J. F. Bichler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-8-39, 19..., to 3-10-39, 19...

I last saw her alive on 3-10-39, 19... Death is said to have occurred on the date stated above, at 3:25 A.M.

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

	Date of onset
Prim. - Acute Pancreatitis 3-8-39	

Other contributory causes of importance:

Sec. - Arterio Sclerosis 1937-x

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

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

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) Herbert P Smith, M. D.

(Address) 5400 Arsenal St

(Licensed Embalmer's Statement on Reverse Side)

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 Howard F. Rawland

Licensed Embalmer No. 3114

P. O. Address St Louis M

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

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