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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 - 1941

WENTM

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12071

State File No.

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 734

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8004 Elinore Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --- (Specify whether
In this community 13 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 8004 Elinore Ave. 3
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary Devine
3. (b) If veteran, name war ----- 3. (c) Social Security No. ----
4. Sex Female 3 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Alfred Devine 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased May (Month) 24th. (Day) 1852 (Year)

8. AGE: Years 88 Months 10 Days 8 If less than one day hr. min.

9. Birthplace Pulaski Co. (City, town, or county) Tennessee (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Unavailable
13. Birthplace Unavailable (City, town, or county) Tennessee (State or foreign country) 1
14. Maiden name Mary Whitehorn
15. Birthplace Madison Co. (City, town, or county) Virginia (State or foreign country) 1
16. (a) Informant Allie Devine
(b) Address 8004 Elinore Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4- 4-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.
18. (a) Signature of funeral director Chas J Gates
(b) Address 4107 Finney Ave. St.Louis
19. (a) APR 4 1941 (Date received local registrar) (b) T R Meyer M D DPN (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd. year 1941 hour 4:30 minute a. M.
21. I hereby certify that I attended the deceased from March 22nd. 1941, to April 2nd. 1941; that I last saw her alive on April 1st. 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Chronic Uremia	14 days
Due to	
Due to	
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	1 year

Major findings:
Of operations 93d
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work (e) Means of injury
23. Signature Henry Reynolds (M. D. or other)
Address 243 E.Kirkham Ave. Date signed 4-3-41

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Jonhson, Registered Apprentice No. ..... working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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

If this body is not embalmed, fact should be so stated above.