

1941 MAY 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15695

State File No.

Registration District No. 774 775 Primary Registration District No. 60240 (10201) Registrar's No. 28

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre, Mo.
(c) Name of hospital or institution: Bonne Terre Mo. 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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois, Mo. Route 20
(c) City or town Clouis, Route No. 1 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 22
year 1941 hour 3 minute 28 M.

21. I hereby certify that I attended the deceased from 4-17, 1941, to 4-22, 1941, that I last saw him alive on 4-22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Heart failure & embolism
Due to: Dislocation of femur struck by automobile
Due to: _____

Other conditions: Injury to liver
(Include pregnancy within 6 months of death)

Physician: _____
Major findings: _____
Of operations: _____
Of autopsy: _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident of 94
(b) Date of occurrence 4-22-41
(c) Where did injury occur? Deloge St. Francois Mo
(City & town) (County) (State)
(d) Did injury occur in (a) about home, on farm, in industrial place, in public place?
on highway
While at work? Yes (Specify type of place) (e) Means of injury Automobile

23. Signature N.P. Sack (M. D. or other) _____
Address Deloge Mo Date signed 4-23-41

3. (a) PRINT FULL NAME Mr. William Thomas Devault

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: July 29 1898
(Month) (Day) (Year)

8. AGE: Years 42 Months 8 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace: Washington Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation F. W. A.

11. Industry or business _____

12. Name Mr. Morgan De Vault
13. Birthplace Went County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ms. Mattie Corbett Devault
15. Birthplace Washington Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mattie Devault Knuth
(b) Address Clouis, R. F. No. 1

17. (a) Buried (b) Date thereof April 24 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Fellows - Heggen Cemetery

18. (a) Signature of funeral director Alvin W. Fort
(b) Address Flat River, Mo.

19. (a) April 25 41 (b) W.P. Blacksmith
(Date received local registrar) (Registrar's signature)

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

4
2
1

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. ~~2780~~
working under my personal supervision.

Signed Alvin W. Hook

Licensed Embalmer No. 2780

P. O. Address Flat 2, Riverside, Mo.

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.