

FILED APR 8 1942 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Alexian Bros. Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4-M.
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME John T. Devlin

3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex O M. 5. Color or race W. 6. (a) Single, widowed, married, divorced S. 0

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

7. Birth date of deceased Unk. Unk. 1864
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 Unk. Unk. hr. min.

9. Birthplace St. Louis Mo. 0
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Real Estate

12. Name Matthew Devlin

13. Birthplace Ireland
 (City, town, or county) (State or foreign country)

14. Maiden name Margaret Cunningham

15. Birthplace Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant Miss Jane Devlin

(b) Address 4035 Maffitt Ave.

17. (a) Burial (b) Date thereof 3-11-1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Wonnely

(b) Address 3840 Lindell Blvd.

19. (a) _____ (b) J. F. Breda
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4035 Maffitt Ave.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 8th.
 year 1942 hour 10 minute 45 a. m.

21. I hereby certify that I attended the deceased from Feb 15 to March 8 1942
 that I last saw him alive on March 7 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma of the
Arterio-Cardio
Sclerosis
Arterio Sclerosis
Arterio Sclerosis
Arterio Sclerosis

Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 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?

While at work _____ (Specify type of place)
 (e) Means of injury _____

23. Signature _____ (M. D. or other)
 Address _____ Date signed _____

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

W. H. VanMatre
1-3

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 *W. H. VanMatre*

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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, fact should be so stated above.