

FILED FEB 9 1943 818

STANDARD CERTIFICATE OF DEATH

1003

State File No. _____

187

Registrar's No. _____

1027

Registration District No. _____

Primary Registration District No. _____

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:
Park Lane Memorial Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Devoto

3. (b) If veteran, name war no 3. (c) Social Security No. 491-16-9203

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Kate Nouss Devoto 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 29 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>0</u>	<u>1</u>	_____ hr. _____ min.

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

10. Usual occupation counter man

11. Industry or business Happy Hollow Liquor store

12. Name John Devoto

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

14. Maiden name Maria Cafferata

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

16. (a) Informant Virginia Mussey

(b) Address 3449 N. Union Bl.

17. (a) Burial (b) Date thereof Feb. 2- 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director A. Thom L. O. Co.

(b) Address 2707 N. Grand Bld

19. (a) FEB 1 1943 (b) J. B. Buech
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3449 N. Union Bld
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30
 year 1943 hour 8:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 26 1943 to Jan 30 1943
 that I last saw him alive on Jan 30
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulver Pneumonia Duration 76 hrs.
 Due to Arteriosclerosis & Hypertension

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

Major findings: Of operations _____
 Of autopsy no

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) _____
 (b) Means of injury _____
 23. Signature Ray J. Jones (M. D. or other) _____
 Address 508 N. Grand Date signed 2/1/43

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

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

Paul F. Knollenberg

Licensed Embalmer No. *2631*

P. O. Address *2707 W. Grand*

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.