S. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26575

FILED SEP 3 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7697

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL (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 Mo. (b) County St. Louis 96

(c) City or town Florissant, N.R. 10 (If outside city or town limits, write "RURAL")

(d) Street No. 549 St. Ferdinand St., (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME DEVERGER, JAMES

3. (b) If veteran, name war No

3. (c) Social Security 497-07-6557

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Jessie Deverger

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

7. Birth date of deceased May ?, 1874. (Month) (Day) (Year)

8. AGE: Years 69 Months Days If less than one day hr. min.

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

10. Usual occupation Molder

11. Industry or business

FATHER
12. Name Edward Deverger
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sophie Pallardy
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Lawrence F. Ballard
(b) Address Florissant, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 28/43. (Month) (Day) (Year)
(c) Place: burial or cremation St. Ferdiand Cem.,

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.

19. (a) AUG 27 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26 year 1943 hour 12 minute 10 p. M.

21. I hereby certify that I attended the deceased from Aug. 19, 1943, to Aug. 26, 1943 that I last saw him alive on Aug. 26, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculous Pneumonia	
Due to Silico-tuberculosis	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature M. C. Abney (M. D. or other)

Address BARNES HOSPITAL Date signed 8/27/43

(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 .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Vearl E. Morris

Licensed Embalmer No. 3360

P. O. Address St. Louis, 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, fact should be so stated above.