

U. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
D SEP 17 10 53
Registration District No. 53

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003
Primary Registration District No. 1003

State File No. _____
Registrar's No. 8023

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:
408 BLASE AVE.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 25 yrs. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 11
(d) Street No. 408 BLASE AVE (If rural, give location) 98
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME MARY M. DEVALLEY
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 6
year 1943 hour 7:00 minute am
21. I hereby certify that I attended the deceased from Dec 1
1 1942 to Sept 6 1943
that I last saw her alive on Sept 4 1943
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife DEVALLEY 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 27 1852
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis
Due to not known 2 yr.
Duration

8. AGE: Years Months Days If less than one day
90 9 10 hr. _____ min.

Due to _____
Other conditions none 93
(Include pregnancy within 3 months of death)

9. Birthplace BALTIMORE MARYLAND
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE
11. Industry or business _____
12. Name HENRY BOYER
13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)
14. Maiden name MARY UNKNOWN
15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

Major findings: ✓
Of operations _____
Of autopsy ✓
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. John H. Lane
(b) Address 408 BLASE AVE
17. (a) BURIAL (b) Date thereof SEPT 9-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SALVARY CEM.
18. (a) Signature of funeral director Diedrich F. Stone
(b) Address 8319 Halle Berry Rd
19. (a) SEP 9 1943 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO
(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 H. F. Miller (M. D. _____)
Address 8404 Broadway Date signed 9/7/43

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

MOTHER FATHER

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: *J. J. Wilkinson*

..... Licensed Embalmer No. 2575

..... P. O. Address.....

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.