

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Little Sisters of Poor 534005 Grand
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks
(Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
Street Little Sisters of Poor (34005 Grand)
(If rural, give location)
(f) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Peter Devixe

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married. 2 divorced 2 widowed

6. (b) Name of husband or wife Mary Devixe (deceased) 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct 15 1859
(Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 22 If less than one day hr. min.

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

10. Usual occupation Maintenance Man

11. Industry or business Bell Telephone (Retiree)

12. Name don't know

13. Birthplace St. Charles Mo
(City, town, or county) (State or foreign country)

14. Maiden name of don't know

15. Birthplace St. Charles Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Clara G. Devixe

(b) Address 9534 Roseland Ave Overland

17. (a) Burial (b) Date thereof 12/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. J. Howard

(b) Address 4212 St. Louis Ave

19. (a) DEC 9 1943 (Date received local registrar) J. J. Boudock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7 year 1943 hour 9:30 minute 14 M.

21. I hereby certify that I attended the deceased from Oct 27 to Dec 7 1943 that I last saw him alive on Dec 7 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary insufficiency
arterio-sclerosis

Due to arterio-sclerosis

Other conditions (include pregnancy within 3 months of death) OH

Major findings: Of operations

Of autopsy

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) --- Means of injury ---

23. Signature [Signature] (M. D. or other)

Address Ohio St St. Louis Date signed 12/9/43

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

MOTHER FATHER

Duration 3 days
PHYSICIAN ---
Underline the cause to which death should be charged statistically.

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

Joseph Howard

Licensed Embalmer No.

4139

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.