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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

#33168

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15051

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 4074

1. PLACE OF DEATH:

(a) County
(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: St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community years, months or days)

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. 1821 Warren St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Deveny

3. (b) If veteran, name war

3. (c) Social Security No. No

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife Catherine Deveney

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

7. Birth date of deceased FEB (Month) 15 (Day) 1901 (Year)

8. AGE: Years 44 Months 2 Days 21 If less than one day hr. min.

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

10. Usual occupation PORTER

11. Industry or business

FATHER
12. Name HENRY McNULTY
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name CATHERINE CARPENTER
15. Birthplace ST LOUIS (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs. Catherine Deveney
(b) Address 1821 Warren St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 9- 45 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director E. J. Schmure
(b) Address 3125 Lafayette Av

19. (a) MAY 8 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th
year 1945 hour 10:09 minute P. M.

21. I hereby certify that I attended the deceased from 5/1/45, 19..., to 5/6/45, 19...; that I last saw him alive on 5/6/45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Same

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 Herbert C. Fritz (M.D. or other)
Address 1515 Lafayette 5/7/45 Date signed

(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 Jas B. Kollmer

Licensed Embalmer No. 4014

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.