. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21835

FILED AUG 11 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6883

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: De Paul (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Normandy (If outside city or town limits, write "RURAL")

(d) Street No. 3610 Oakmont (If rural, give location) NR

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

If yes, name country

3. (a) PRINT FULL NAME GEORGE DEVANNEY

3. (b) If veteran, name war No

3. (c) Social Security No 488-18-9477

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife Ellen

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Oct. (Month) 5. (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	9	29	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Watchman

11. Industry or business

FATHER
12. Name Alfred Devanney
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Augustine Creeley
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Gussie Devanney

(b) Address 3610 Oakmont Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 - 6 - 45 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Cullen & Kelly

(b) Address 7267 Natural Bridge

19. (a) AUG 5 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3rd year 1945 hour 11 minute 35 A.M.

21. I hereby certify that I attended the deceased from July 27, 1939, to Aug 3, 1945 that I last saw him alive on Aug 3, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	Aug 3 1945
Due to Chronic Myocarditis	11-27-42
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93d

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 W. E. Moore (M.D. or other) MD

Address 7301 Natural Bridge Date signed 8-3-45

(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 James G. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.