

FILED OCT 27 1945
Registration District No. _____

Primary Registration District No. **3063**

Registrar's No. **2436**

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

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Clayton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
30 min.
(d) Length of stay: In hospital or institution **25 yrs** (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Webster Groves**
(If outside city or town limits, write "RURAL")
(d) Street No. **530 Sunnyside**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **HARRY GEORGE DEVINE**

3. (b) If veteran, name war **NO**
3. (c) Social Security No. **702-09-4066**

4. Sex **Male** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **W**

6. (b) Name of husband or wife **Mary Inez Hunter** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **NOVEMBER 6 - 1893**
(Month) (Day) (Year)

8. AGE: Years **61** Months **11** Days **12** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Purchasing Agent**

11. Industry or business **Railroad**

MOTHER FATHER

12. Name **Thomas Devine**

13. Birthplace **SPRINGFIELD OHIO**
(City, town, or county) (State or foreign country)

14. Maiden name **Matilda Reiss**

15. Birthplace **ST. LOUIS MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **Daughter-Virginia Siler**

(b) Address **530 Sunnyside, Web. Gr., Mo.**

17. (a) **BURIAL** (b) Date thereof **OCT-22-1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **OAK-HILL CEMETERY**

18. (a) Signature of funeral director **Parker and Co**

(b) Address **WEBSTER GROVES MO.**

19. (a) **10-21-45** (b) **E. N. Moran Jr**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **18**
year **1945** hour **7** minute **25** P. M.

21. I hereby certify that I attended the deceased from **Oct. 18, 1945 to Oct. 18, 1945**
that I last saw him alive on **Oct. 18, 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **1 hr.**

Due to **830-1**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **hemorrhage of leucostriate artery**

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 **10**

23. Signature **Wm W. Carter** (M. D. or other) **MD**

Address **603 Brentwood, Clayton** Date signed **10-18-45**

PHYSICIAN

Underline the cause to which death should be charged statistically.

DEC 1 1968

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

Leslie Welch

Licensed Embalmer No.

4395

P. O. Address

Roberta Groves Mc

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.