

S. No. 2
 DM-2-43
 v. 5-17-39
 I X35697

34570

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 2 1945
 Registration District No. 317

Primary Registration District No. 2064

Registrar's No. 2469

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Ferguson
 (c) Name of hospital or institution:
109 Lawrence Pl.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Ferguson
 (d) Street No. 109 Lawrence Pl.
 (e) Citizen of foreign country? _____
 If yes, name country _____

3. (a) PRINT FULL NAME Frank D. DeVol
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 709-10-1938

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 25
 year 1945 hour 2 minute 4 M.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Mamie R. De Vol
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased February 11 1882
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-12-44
 to 10-24-45
 that I last saw him alive on 10-24-45
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>8</u>	<u>14</u>	hr. _____ min. _____

Immediate cause of death chronic myocarditis.
 Duration don't know.

9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Conductor
 11. Industry or business Railroad

Due to _____
 Due to none.

MOTHER FATHER
 12. Name Frank DeVol
 13. Birthplace St. Louis Missouri
 14. Maiden name Elizabeth St. Cyr
 15. Birthplace St. Louis Missouri
 16. (a) Informant Dolores DeVol
 (b) Address 109 Lawrence Pl.
 17. (a) Burial (b) Date thereof 10/29/45
 (c) Place: burial or cremation Calvary
 18. (a) Signature of funeral director Stroot-Carroll
 (b) Address 4600 Natural Bridge Ave.

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

19. (a) 10-27-45 (b) E. J. M. Savaan
 (Date received local registrar) (Registrar's signature)
 707

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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 (Specify type of place) (e) Means of injury _____
 (M. D. or other) _____
 Address 1506 St. Louis Date signed 10-28-45

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

76
 6
 1-2-2

-49-
 -2-45

NOV 46 1946

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

Ben E. Hoffman

Licensed Embalmer No. *43166*

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.