

V. S. No. 2
100M-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26372
Registrar's No. 1556

Registration District No. 377

Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2111 Rosebud Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 2111 Rosebud Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John McDevitt
3. (b) If veteran, name war No
3. (c) Social Security No. 497-01-4883

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 7th year 1947 hour 3 minute _____ a.m.
21. I hereby certify that I attended the deceased from May 2 1947 to July 7 1947 that I last saw h. is alive on June 28 1947 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Agnes (Gallagher) 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 19, 1881
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis
Due to gnd
Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	66	5	18	hr. _____ min. _____

Duration brief
Physician _____
Underline the cause to which death should be charged statistically.
Major findings:
Of operations _____
Of autopsy _____

9. Birthplace Ireland
(City, town, or county) (State or foreign country)
10. Usual occupation Auto Mechanic
11. Industry or business retired

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? _____

MOTHER FATHER {
12. Name James McDevitt
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Bridget Toner
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Nathan Giliberto (M. D. or other) _____
Address 2739 77th Ave Date signed 7/10/47

16. (a) Informant Agnes Mc Devitt
(b) Address 2111 Rosebud Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9, 47
(Month) (Day) (Year)
(c) Place: burial or cremation Galvary

18. (a) Signature of funeral director Cullen - Kelly
(b) Address 7267 Natural Bridge
19. (a) 7-22-47 (Date received local registrar) (b) Cecilia J. Sharp (Registrar's signature)

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

76
0
0

Belsky - 2739 N. Grand

SEP 18 1963
0576
1663

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 A. 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.