S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 26 1947

Registration District No. 3977

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 33288

Registrar's No. 1943

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 21 days (Specify whether years, months or days)
In this community: 35 years

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.: 4018 Palm Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Ernest J. DeVEYDT
3. (b) If veteran, name war: World II
3. (c) Social Security No.: 498 16 3167

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: - -
6. (c) Age of husband or wife if alive: - - years
7. Birth date of deceased: December 26, 1911 (Month) (Day) (Year)

8. AGE: Years 35 | Months 8 | Days 17 | If less than one day ... hr. ... min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Unemployed
11. Industry or business: - -
12. FATHER Name: Ernest DeVeydt
13. FATHER Birthplace: Unknown (City, town, or county) (State or foreign country)
14. MOTHER Maiden name: Alma Kolp
15. MOTHER Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Registrar, Vet.Adm.Hospital,
(b) Address: Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/16/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary
18. (a) Signature of funeral director: Stroot-Carroll
(b) Address: 4600 Natural Bridge Ave.
19. (a) 9-16-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: September day: 13 year: 1947 hour: 2:15 minute: A.M.

21. I hereby certify that I attended the deceased from August 23, 1947, to September 13, 1947; that I last saw him alive on September 13, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CIRRHOSIS OF LIVER	Unknown
Due to: - -	
Due to: - -	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations: No operation
Of autopsy: No autopsy

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): No
(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: L. E. Stilwell (M. D. or other)
L.E. STILWELL, M.D., Clinical Director
Address: V.A. Hosp., Jefferson Brks, Mo. Date signed: 9/13/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 16 1950

JUL 13 1946

APR 22 1950

SEP 29 1947

SEP 30 1947

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. 4366

P. O. Address. Hanno, 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.