

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Days
(Specify whether _____)
In this community _____
(years, months or days)

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. 5312 Union Blvd
Memorial 7 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARGARET ANN DEVOTO
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 19 1869
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 22nd
year 1948 hour 2 minute 00 P. M.
21. I hereby certify that I attended the deceased from 2/5/48
_____, 19____, to Feb. 22nd, 1948
that I last saw h. or alive on Feb. 22nd, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 3 Days 3
If less than one day _____ hr. _____ min.

Immediate cause of death Pneumonia
Due to Arteriosclerotic heart disease - decompensated
Due to _____
Other conditions Senile Psychosis - paranoid type
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business _____
12. Name John Reilly
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Jane Kelly
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

Major findings: Senile Psychosis - paranoid type
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Jane M. Dinter
(b) Address 5468 Gilmore Ave
17. (a) Burial (b) Date thereof 2-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Math. Hermann & Son, Inc.
(b) Address 2161 E. Fair Ave.
19. (a) FEB. 24 1948 (b) J. F. Bradock
(Date received local registrar) (Registrar's signature)

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 _____
23. Signature Alvin A. ... (M. D. or other) _____
Address 1515 Lafayette Date signed 2/24/48

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

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 William G. Buchholz

Licensed Embalmer No. 2110

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.