300
-47
-39
3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 12 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24215

Registrar's No. 6897

994
33
0
2

1. PLACE OF DEATH:

(a) County —

(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnes Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Montgomery

(c) City or town Trotwood (If outside city or town limits, write "RURAL")

(d) Street No. 15 So. Broadway (If rural, give location)

(e) Citizen of foreign country? N.R. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Don D. Devers

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Irene Devers

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased September (Month) 15 (Day) 1908 (Year)

8. AGE: Years 39 | Months 10 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace Trotwood (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Owner

11. Industry or business Auto Body Co.

MOTHER FATHER

12. Name J.W.Devers

13. Birthplace Clinton Co. (City, town, or county) Ohio (State or foreign country)

14. Maiden name Carrie Belle Reese

15. Birthplace Xenia (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mary D.Talcott

(b) Address Golden Lamb Hotel, Lebanon, Ohio.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-5-48 (Month) (Day) (Year)

(c) Place: burial or cremation Brookville, Ohio.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) AUG 5 - 1948 (Date received local registrar) (b) J.F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Aug. day 4 year 1948 hour 11 minute 10 A. M.

21. I hereby certify that I attended the deceased from July 15, 1948, to Aug. 4, 1948, that I last saw him alive on Aug. 4, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of right lung	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations

Of autopsy As above

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

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? (Specify type of place)

While at work? (e) Means of injury 11

23. Signature H.H. Bradley (M. D. or other)

Address Barnes Hospital Date signed 8/4/48

(Licensed Embalmer's Statement on Reverse Side)

6897

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 Gustav W Klintworth

Licensed Embalmer No. 4329

P. O. Address.....

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.