

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. #108857 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3978

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) 77	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2069	
		d. STREET ADDRESS (If rural, give location) 5639 Page Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) THOMAS	b. (Middle) DEVINE	c. (Last) DEVINE	DEATH (Month) (Day) (Year) April 30, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH Sept. 16 1856	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Printer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Springfield Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Patrick Devine	13b. MOTHER'S MAIDEN NAME Anne Burch	14. NAME OF HUSBAND OR WIFE Mathilda Devine Deat
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Stella Devine	ADDRESS 5639 Page Ave St. Louis
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Appendicical abscess		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) pneumonia; senility		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 530.1
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/21/50 19, to 4/30/50, 19, that I last saw the deceased alive on 4/30/50, 19, and that death occurred at 7:35 PM., from the causes and on the date stated above.

23a. SIGNATURE R.F. Huck Jr. M.D. U.	(Degree or title)	23b. ADDRESS 1515 Lafayette Ave.,	23c. DATE SIGNED 5/1/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/3/50	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cem.	24d. LOCATION (City, town, or county) (State) Wellston Mo.
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DATE REC'D BY LOCAL REG. MAY 2 1950	REGISTRAR'S SIGNATURE J. B. Lucate	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BAUMANN BROTHERS INC 2504 WOODSON OVELAND MO
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WRITE PLAINLY—USING 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 34574

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 34574

P. O. Address Overland 14, 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.