

FILED JUN 23 1951

STANDARD CERTIFICATE OF DEATH

21194

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1003

State File No. _____

Registrar's No. 5430

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>2-WKS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2059</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DePaul Hospital</u>				f. STREET ADDRESS (If rural, give location) <u>5615 Bartmer Ave.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Helen</u> b. (Middle) <u>C.</u> c. (Last) <u>Devine</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 13, 1951</u>					
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>W.</u>		8. DATE OF BIRTH <u>April 4, 1871</u>		9. AGE (In years last birthday) <u>80</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>9</u> IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>David Geary</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Ann Walsh</u>		14. NAME OF HUSBAND OR WIFE <u>Eugene Devine</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. R.A. Fitzgibbon, 5615 Bartmer Ave.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, pneumonia, etc. It means the disease or injury or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Cardiac Distress</u> ANTECEDENT CAUSES <u>Art. - scler Heart Dis</u> DUE TO (b) <u>fracture of hip</u> 2. OTHER SIGNIFICANT CONDITIONS <u>89030</u> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>undef.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>fracture Rt femur</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fell in bedroom</u>				
22. I hereby certify that I attended the deceased from <u>1946</u> , to <u>June</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>June 13, 1951</u> , and that death occurred at <u>10:29 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Ed Cassidy M.D.</u>				23b. ADDRESS <u>4952 Maryland</u>		23c. DATE SIGNED <u>6.14.51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 16, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		
DATE REC'D BY LOCAL OFF. <u>JUN 14 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lester</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur J. Donnelly 8840 Lindell Blvd.</u>				

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John D. Ambler

Licensed Embalmer No. _____

3653

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.