

FILED JAN 26 1953

STANDARD CERTIFICATE OF DEATH

State File No. **44790**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11892	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) 2069 OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5103 Wells Ave.				d. STREET ADDRESS (If rural, give location) 6 5103 Wells Ave.			
3. NAME OF DECEASED (Type or Print) Ellen		a. (First)		b. (Middle) F.		c. (Last) Devereux	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 24, 1952		5. SEX F.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S. U	
8. DATE OF BIRTH March 1, 1888		9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months 9 Days 23		IF UNDER 24 HRS. Hours U Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. U		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME James Devereux		13b. MOTHER'S MAIDEN NAME Catherine Delaney		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. not known		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Alice M. Devereux, 5103 Wells Ave.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary atherosclerosis - acute myocardial infarction INTERVAL BETWEEN ONSET AND DEATH 6 hrs. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis of heart disease 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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____			
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? 4200			
22. I hereby certify that I attended the deceased from August, 1952 to Dec 24, 1952 , that I last saw the deceased alive on 12/23, 1952 , and that death occurred at 7:45 am. , from the causes and on the date stated above.							
23a. SIGNATURE Richard V. McEllan				23b. ADDRESS 539 N. Grand		23c. DATE SIGNED 12/26/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 27, 1952		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. DFC 26 1952		REGISTRAR'S SIGNATURE J. Earl Smith and Arthur J. Connolly		FUNERAL DIRECTOR'S SIGNATURE Arthur J. Connolly		ADDRESS 10 Lindell Blvd.	

P.P. (Licensed Embalmer's Statement on Reverse Side)

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

400 Standard
of 1.30. (Pres)

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 James Williamson

Licensed Embalmer No. 3565

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.