

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33097

State File No.

FILED OCT 15 1953

8776

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 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) <u>ST. LOUIS</u>			c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4970 OAKLAND AVE</u>				e. STREET ADDRESS (If rural, give location) <u>18 2904 CLARK AVE. 2189</u>				
3. NAME OF DECEASED (Types or Print) a. (First) <u>Rev. JOHN A. DEVILBISS</u>			b. (Middle) <u>S. J.</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 8 - 1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>MAY 3 - 1875</u>	9. AGE (in years last birthday) <u>78</u>		UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>RELIGIOUS</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>CANTON, Mo</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>ALEXANDER DEVILBISS</u>			13b. MOTHER'S MAIDEN NAME <u>MARTHA COTTREL</u>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			18. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Rev. F. L. ZIMMERMANN, S. J.</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic H. Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yr.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>420.0</u>				
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 <u>Nov 1952</u> to <u>9-8</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-15</u> , 19 <u>53</u> , and that death occurred at <u>9:30 P. M.</u> , from the causes and on the date stated above.								
22a. SIGNATURE <u>[Signature]</u>				(Degree or title) <u>MD</u>		23b. ADDRESS <u>3105 S. Howard</u>		
23c. DATE SIGNED <u>9-9-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9/11/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. STANISLAUS CEM</u>		
24d. LOCATION (City, town, or county) (State) <u>FLORISSANT, MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>5165 Delmar Bl.</u>				
DATE REC'D BY LOCAL REG. <u>SEP 10 1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</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.....
Signature of Student Embalmer

Signed *Ronald O. Yakubek*

Licensed Embalmer No. *3912*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.