

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033373

ENDED

FILED

✓ XC-6073 611 A #1309  
 Registration District No. 317  
 ED VS SEP 7 1966

Primary Registration District No. 500 Registrar's No. 2457

STATE FILE NUMBER

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|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>ST. LOUIS</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>ILLINOIS</b> b. COUNTY <b>MORGAN</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>JEFFERSON BARRACKS, MISSOURI</b>           | Length of stay in 1b<br><b>22 DAYS</b> | c. CITY OR TOWN <b>JACKSONVILLE</b>   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP</b> |  | d. STREET ADDRESS (If outside, give location)<br><b>685 W. MICHIGAN AVENUE</b>  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|   |                                  |   |   |   |  |                              |
|---|----------------------------------|---|---|---|--|------------------------------|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>LEONARD I. DEVLIN</b>                          |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>AUGUST 16, 1960</b>                |   |  |                              |
| 5. SEX<br><b>MALE</b>   | 6. COLOR OR RACE<br><b>WHITE</b> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>8-17-19 40</b>                                       | 9. AGE (last birthday)<br><b>40</b>                 | IF UNDER 1 YEAR<br>Months Days               | IF UNDER 24 HR<br>Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>PAINTER</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>UNKNOWN</b>   | 11. BIRTHPLACE (City and state or country)<br><b>JACKSONVILLE, ILLINOIS</b> |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b> |                              |
| 13a. FATHER'S NAME<br><b>JOHN DEVLIN</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>BRIDGET WELSCH</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>NEVER MARRIED</b> |  |                              |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>YES WW-II</b> | 16. SOCIAL SECURITY NO.<br><b>333013724</b> | 17. INFORMANT Address<br><b>THOMAS B. DEVLIN (BROTHER)<br/>685 W. MICHIGAN AVE., JACKSONVILLE, ILL.</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>GLOMERULONEPHRITIS</b><br>DUE TO (b) _____<br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>9 MONTHS</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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|---|--|--|---|-------------------------|--------------------------|
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION<br><b>JACKSONVILLE</b> | COUNTY<br><b>MORGAN</b> | STATE<br><b>ILLINOIS</b> |
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| 21. I attended the deceased from <b>7-25-60</b> , to <b>8-16-60</b><br>Death occurred at <b>5:15 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE<br><i>W. Oppler M.D.</i><br><b>W. OPPLER M.D.</b> | (Degree or title)<br><b>Director Professional Services, VET ADM HOSP, JEFF BRKS, MO.</b> | 22b. ADDRESS<br><b>Jacksonville, Cem.</b>                       | 22c. DATE SIGNED<br><b>8-17-60</b><br>(State)                      |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>      | 23b. DATE<br><b>8/17/60</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Jacksonville, Cem.</b> | 23d. LOCATION (City, town, or county)<br><b>Jacksonville, Ill.</b> |

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| 24. FUNERAL DIRECTOR<br><b>Edward Fendler 5611 So. Grand Blvd.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>8-17-60</b> | 26. REGISTRAR'S SIGNATURE<br><i>John C. Murphy M.D.</i> |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*George W. Dowalt*

RECORDED

62-1-1

62-1-1

Licensed Embalmer No.

4799

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.