

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046220

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12119** STATE FILE NUMBER

AMENDED
FILED JAN 5 1962

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| 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, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in lb 5 Days | c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3860 Shaw Avenue | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 3860 Shaw Avenue Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Henry Middle Clay Last Devinney | | | 4. DATE OF DEATH Month 12 Day 24 Year 1961 | | | |
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|-----------------------|----------------------------------|---|------------------------------------|-------------------------------------|---|------------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1-25-84 | 9. AGE (last birthday) 77 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Operator | 10b. KIND OF BUSINESS OR INDUSTRY York Hotel | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME Harry Devinney | 13b. MOTHER'S MAIDEN NAME Belle Henderson | 14. NAME OF HUSBAND OR WIFE Augusta Devinney |
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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) No | 17. INFORMANT Mrs. Augusta Devinney, Shaw Ave. | Address 3860 |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Bacterioscholerae, heart disease Complications Bronchitis Cerebral Pul 7 15 B | | INTERVAL BETWEEN ONSET AND DEATH 3 1/2 ? ? |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.0 A | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) 420.0 A |
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|---|--|--|--|----------------------------|-------|
| 20c. TIME OF INJURY Hour 3:30 a.m. p.m. Month, Day, Year | 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 St. Louis | COUNTY St. Louis | STATE |
|---|--|--|--|----------------------------|-------|

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| 21. I attended the deceased from 11/16/46 to 12/23/61 and last saw her/him alive on 12/23/61 Death occurred at 3:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE Charles J. Harris MD (Degree or title) | 22b. ADDRESS 5298a Vantage | 22c. DATE SIGNED 12/26/61 |

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|---|------------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE 12-27-61 | 23c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery | 23d. LOCATION (City, town, or county) St. Louis County Mo. |
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| 24. FUNERAL DIRECTOR Drehmann-Harral, 1905 Union Blvd. | 25. DATE RECD. BY LOCAL REG. DEC 26 1961 | 26. REGISTRAR'S SIGNATURE Lead Smith MD |
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Albert R. Simpson

Licensed Embalmer No. 4257

P. O. Address H. J. Sims

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.