

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046221

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12343

FILED JAN 1 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Affton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If outside, give location) 9315 Lenard Ct.	

3. NAME OF DECEASED (Type or print) First Middle Last GEORGE C DEVORE			4. DATE OF DEATH Month Day Year December 31 1961		
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/26/1907	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Anheuser Busch		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Hannibal, Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME George Devore		13b. MOTHER'S MAIDEN NAME Mary Straub	
14. NAME OF HUSBAND OR WIFE Dorothy		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW-II		16. SOCIAL SECURITY NO. <u> </u>	
17. INFORMANT Dorothy Devore		Address 9315 Lenard Ct.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction; acute</u> DUE TO (b) <u>Arterio-sclerotic coronary artery thrombosis</u> DUE TO (c) <u>420.1</u>		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arterio-sclerotic heart disease</u>		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

19. WAS AUTOPSY PERFORMED? 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 Hour 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 COUNTY STATE
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21. I attended the deceased from Jan. 1957 to 12/31/61 and last saw ^{her}him alive on Nov. 30, 1961
Death occurred at 3:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Eduard W. Gzibrinski M.D.</u>	22b. ADDRESS <u>3701 Grandil St</u>	22c. DATE SIGNED <u>1/1/62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 1/3/1962	23c. NAME OF CEMETERY OR CREMATORY Woodland Cemetery	23d. LOCATION (City, town, or county) (State) Quincy, Illinois
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24. FUNERAL DIRECTOR John I Ziegenhein & Sons	ADDRESS 7027 Gravois	25. DATE RECD. BY LOCAL REG. JAN. 2 - 1962	26. REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>
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DATE AMENDED

BY HEAD OF

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 me
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald Berry

Licensed Embalmer No. 4963

P. O. Address W. W. Berry

- 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.