

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

6086

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 1170 File No. _____
 7 Township Central Primary Registration District No. 624876 Registered No. 44
 7 Precinct North (No. New St. Marys Hospital St. _____ Ward _____)

2. FULL NAME John J. Devine
 (a) Residence, No. 601 Westgate St., _____ Ward. St. Louis, Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (Or) WIFE OF Eliza

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14 1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
87 1 15

OCCUPATION
 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Ohio

MOTHER
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " 51
 15. MAIDEN NAME " " _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " _____

FATHER
 17. INFORMANT Mrs. Blanche Devine
 (ADDRESS) 601 Westgate St. St. Louis, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem DATE 3-1 1932

19. UNDERTAKER C. Hoffmeister N+K Co
 (ADDRESS) 7814 1/2 Broadway

20. FILED 2/29, 1932 E. L. Jensen
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:20 P. m.

The principal cause of death and related causes of importance were as follows:
Accidental fall from bathroom window (about 9 ft. fall), Date of onset 2/27/32
fracture of femur
hypostatic pneumonia 2/28/32

Contributory causes of importance:
fracture of femur
hypostatic pneumonia

Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 accident, suicide, or homicide? Acc. Date of injury 2/27/32
 Where did injury occur? University City, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Accidental fall
 Nature of injury fracture of femur
hypostatic pneumonia

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____
 (Signed) John O. Coyle M. D.
 (Address) Monroe St. St. Louis
County.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 5 1932

