92

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

31222

1. PLACE OF DEATH

County SEP 13 1934 Registration District No. 791

Township Primary Registration District No. 1003

City St Louis (No. 3615, St Louis a St. Ward)

File No. 8522

Registered No.

2. FULL NAME William Devereux

(a) Residence, No. 3615 St Louis Ave St., 10 Ward.
(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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nellie Devereux

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown 1870

7. AGE: YEARS 64 MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Range Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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): St Louis Mo.

FATHER

13. NAME: Wm Devereux

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): S Carolina

MOTHER

15. MAIDEN NAME: Susan Burke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La.

17. INFORMANT (ADDRESS): George F Devereux 3193 Gurney U

18. BURIAL, CREMATION, OR REMOVAL PLACE: Calvary DATE: Aug 22 1934

19. UNDERTAKER (ADDRESS): Arthur J Donnelly U. Co. 3840 Lindell Bl

20. FILED: AUG 21 1934 19 J W Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Phy in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/21, 1934

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 12 40 a.m.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis

93C

93C

Date of onset

Other contributory causes of importance:

Name of operation ..... 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? ✓ Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harold H Schulz, M.D.

(Address) Dep Cor

8/21/34

Dr Weckman
2136 Bo[illegible] Avenue

Ca. 8911
1-3