

REC'D MAY 10 1938

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

12804
Do not use this space.

3408

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **726 Eastgate Ave.** St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Mary E. Devereaux 162**

(a) Residence, No. **726 Eastgate Ave.** St. **5** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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 **Late Phil Devereaux**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 28, 1868**
7. AGE YEARS **69** MONTHS **9** DAYS **13** IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **Housewife**
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) **Ireland**13. NAME **Thomas Carey**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**15. MAIDEN NAME **Nellie Nolan**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**17. INFORMANT **Violet Devereaux**
(ADDRESS) **726 Eastgate Ave.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **4-13** 193819. FUNERAL DIRECTOR (NAME) **Kriegshauser Mortuaries**
(ADDRESS) **4228 So. Kingshighway**20. FILED **APR 11 1938** **J. F. Budek** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-10** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **April 1** 19**38**, to **April 10** 19**38**
I last saw her alive on **April 9** 19**38**. Death is said to have occurred on the date stated above, at **8:25** **m**. A. M.
The principal cause of death and related causes of importance were as follows:

Chr. Myocardial Insufficiency
Bronch. Pneumonia

Date of onset

Other contributory causes of importance: **107 a**

Gastric Enteritis
Chr. Arterio Sclerosis

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) **Robert J. Jamell** M. D.

(Address) **624 N. Union**

Mr Robert Farrell
624 N Union
27

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Edmund M. Stewart

Licensed Embalmer No. 3924

P. O. Address 4228 S. Kingsley Hwy

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 this body is not embalmed, above space should be left blank.