No. 2
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X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20344

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 5156

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 060

(c) City or town St. Louis 1714
(If outside city or town limits, write "RURAL")

(d) Street No. 3620 Hampton Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Raymond De Voe

3. (b) If veteran, name war

3. (c) Social Security No. 492-05-1306

4. Sex Male | 5. Color or race Wh. | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle DeVoe

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased October 10 1896 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
44	8	12	hr. min.

9. Birthplace South Carolina (City, town, or county) (State or foreign country)

10. Usual occupation Sheet Metal Worker

11. Industry or business Hoffman Sheet Metal Works

MOTHER FATHER

12. Name Joseph DeVoe

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Matilda Weltz

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Myrtle DeVoe

(b) Address 3620 Hampton Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) JUN 24 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1941 hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from June 2, 1941, to June 22, 1941; that I last saw him alive on June 22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congestive Heart Failure	
Due to Hypertensive Cardiovascular Disease	Uncertain
Due to	
Other conditions (Include pregnancy within 5 months of death) Nephrosclerosis; Nephritis (?)	

Major findings:
Of operations

Of autopsy Cardiac Hypertrophy; Pulmonary Edema; Nephrosclerosis; Nephritis (?)

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature G. O. Brown (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Frank D. Owens

Licensed Embalmer No. 22245

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.