S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8226

Registrar's No. 2722

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: 4935 St. Louis ave. /
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED: 000 19 96

(a) State Missouri (b) County

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

(d) Street No. 4935 St. Louis ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME James F. Devine.

3. (b) If veteran, name war No

X (c) Social Security No. 488-01-8178

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Catherine Schenk

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Sept 22nd 1883 (Month) (Day) (Year)

8. AGE: Years 59 | Months 0 | Days 29 | If less than one day hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Shipping Clerk

11. Industry or business United shoe Co.

FATHER
12. Name James F Devine.
13. Birthplace Ireland. 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Spain.
15. Birthplace Ireland. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Catherine Devine

(b) Address 4935 St. Louis ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary cem.

18. (a) Signature of funeral director Sullivan Bro's

(b) Address 2849 N Euclid ave.

19. (a) MAR 30 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st year 1943 hour 9. minute 30. A.M.

21. I hereby certify that I attended the deceased from Jan. 10, 1943, to Mar 21, 1943 that I last saw h. alive on Mar 20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	8 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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) —

(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? (c) Means of injury

23. Signature Albert Weil (M. D. or other) M.D.

Address 5322 Helen Ave Date signed 3/22/43

(Licensed Embalmer's Statement on Reverse Side)

Dr Albert Wall
5322 Helen ave
EV 6280
Mon 3/22 11 am

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 Albert L Mayfield

Licensed Embalmer No. 3077

P. O. Address St Louis, Mo.

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, fact should be so stated above.