

No. 2
1-2-43
5-17-39
1 X3567

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 8 1943
Registration District No. 946

Primary Registration District No. 6074

Registrar's No. 45

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Desloge, Pa. (Missouri)
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Desloge
(If outside city or town limits, write "RURAL")

(d) Street No. Main St (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward J. Devine

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16
year 1943 hour 11 minute 15 A.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Virginia Devine

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Oct. 28 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1940 to Sept 16 1943
that I last saw him alive on 9-15, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

52 10 13 hr. min.

Immediate cause of death broncho-pneumonia 3d

Due to bronchogenic carcinoma

Due to _____

9. Birthplace Bismarck Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

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.

MOTHER FATHER

11. Industry or business Employee of St. Joe Lead Co.

12. Name W. P. Devine

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

14. Maiden name Mary Wilson

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

16. (a) Informant Virginia Devine

(b) Address Desloge, Missouri

17. (a) Burial (b) Date thereof Sept 18-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bismarck Mo.

18. (a) Signature of funeral director C. Z. Boyer

(b) Address Desloge Mo.

19. (a) Sept 18-1943 (b) Burdie Buhmester
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature W. D. Farrell (M. D. or other) _____
Desloge Date signed 9-17-43

6+

RECEIVED

District Health Officer No. 4
District File Number 1043-277
Date Filed 10-5-43

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 C. J. Bayer
Licensed Embalmer No. 1671
P. O. Address Desloge, 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.