

FILED JUL 8 1944 8

Registration District No.

Primary Registration District No.

1003

Registrar's No.

5726

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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:

BARNES HOSPITAL
(If not to be filled in, indicate, write street number or location)

(d) Length of stay: In hospital or institution 17 days
(Specify whether years, months or days)
In this community 50 years

3. (a) PRINT FULL NAME DANIEL DEVAULL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race negro 6. (a) Single, widowed, married, divorced 2. 1

6. (b) Name of husband or wife Estella Devaull 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 10 (Month) 25 (Day) 1877 (Year)

8. AGE: 66 Years 7 Months 28 Days If less than one day hr. _____ min.

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

10. Usual occupation Labourer

11. Industry or business _____

12. Name David Devaull

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

14. Maiden name Engel

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

16. (a) Informant Colbert Devaull

(b) Address 2521 Baldwin

17. (a) Burial (b) Date thereof 6-27-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Mary Wade
(b) Address 4202 Finley ave

19. (a) JUN 26 1944 (b) J. F. Brudeau
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3125 Spruce St
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1944 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 6 1944 to June 23 1944
that I last saw him alive on June 23 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction of trachea
Due to Carcinoma of esophagus

Due to _____
Other conditions (Include pregnancy within 3 months of death) H/O

Major findings: Of operations _____
Of autopsy as above

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? (e) Means of injury _____

23. Signature M. C. Abner (M. D. or other) _____
Address BARNES HOSPITAL Date signed 6/23/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

000
178
98

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.....

Licensed Embalmer No.....

P. O. Address.....

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.