

P. S. No. 2  
DOM-5-43  
Rev. 5-17-39  
I X36871

**FILED MAR 24 1947**  
**318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

**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:  
**4341a Gibson Ave.,**  
(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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County \_\_\_\_\_

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

(d) Street No. **4341a Gibson Ave.**  
(If rural, give location)

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

**3. (a) PRINT FULL NAME** **Margaret E. DeVault**

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

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **William H. DeVault** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **August 26, 1886**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>60</b>	<b>6</b>	<b>16</b>	hr. _____ min. _____

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

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **? Kinkead**

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

14. Maiden name **Hannah ?**

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

16. (a) Informant **William H. DeVault**  
**4341a Gibson Ave.**

(b) Address \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **3/14/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. James, Mo.**

18. (a) Signature of funeral director **Edith E. Ambruster**  
**4234 Manchester**

(b) Address **MAR 13 1947**

19. (a) \_\_\_\_\_ (b) **J. F. Budek**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Mar.** day **12**  
year **1947** hour \_\_\_\_\_ minute **30 P.**

21. I hereby certify that I attended the deceased from **3-12-47**  
1947 to **3-12-47**

that I last saw h. e. r. alive on **3-12-47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to **Hypertensive HTN disease**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (Specify means of injury)

Signature **Robert H. Ryan M.D.**  
(Name of other) (Date signed)

Address **450 1/2 Manchester St. St. Louis, MO**

**18000**  
**17**  
**9**  
**0**

Duration

PHYSICIAN

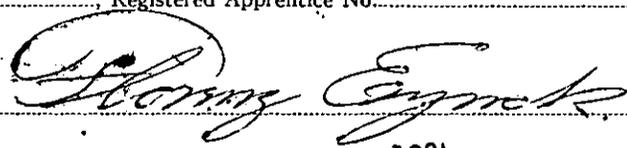
Underline the cause to which death should be charged statistically.

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

pc  
9100

**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..... 1284.....

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.**