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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1947

STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10740
State File No. 2488
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
Name of hospital or institution:
Osman Ozmenon Shelter - 3225 Montross
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 (Specify whether)

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. 5312 Union Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Anthony Devoto
(b) If veteran, name war None (c) Social Security No. None

4. Sex Male Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Margaret Devoto nee Reilly
(c) Age of husband or wife if alive 79 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 78 hr. min.

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

10. Usual occupation Retired

11. Industry or business
12. Name Unknown
13. Birthplace Unknown Italy (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Italy (City, town, or county) (State or foreign country)

16. (a) Informant Margaret Devoto
(b) Address 5312 Union Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/47 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc.
(b) Address 2161 East Fair Ave

19. (a) MAR 10 1947 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March Day 8th
Year 1947 hour 1:45 AM minute M.
21. I hereby certify that I attended the deceased from
, 19, to, 19,
that I last saw him alive on, 19,
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis
Due to decompensated
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?

23. Signature (Specify type of place) While at work? (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)
Date signed 3/10/47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

200
17
80

8

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 *Gustav W. Reutsk*
Licensed Embalmer No. *4329*
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.