

National Office of Vital Statistics
FILED OCT 24 1947

State File No.

Registration District No. **318** Primary Registration District No. **1003** Registrar's No.

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town..... **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution.....
4129a Ashland 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..... **and**
 (c) City or town..... **St. Louis** **17**
 (If outside city or town limits, write "RURAL")
 (d) Street No..... **4129a Ashland Ave.** **9**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No) **0**
 If yes, name country.....

3. (a) PRINT FULL NAME **Reginald A. DeVeydt, Jr.**
3. (b) If veteran, name war..... **None**
3. (c) Social Security No. **333-03-3255**

4. Sex **Male** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mary**
6. (c) Age of husband or wife if alive **38** years
7. Birth date of deceased **May 7, 1908**
 (Month) (Day) (Year)

8. AGE:
 Years **39** Months **5** Days **5**
 If less than one day
 hr. min.

9. Birthplace **East Carroll Kentucky** **1**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Foreman, Paint Shop**

11. Industry or business **White Rodgers Electric Co.**

12. Name **Reginald DeVeydt, Sr.** **8**
13. Birthplace **Bermuda, Islands** (State or foreign country)
14. Maiden name **Emma Wagner**
15. Birthplace **Unknown** **9**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mary DeVeydt**
(b) Address **4129a Ashland Ave.**

17. (a) Burial (b) Date thereof **Oct. 15, 47**
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of **Beauvel Nichols**
(b) Address **1431 Union Blvd.**

19. (a) OCT 14 1947 (b) **J. F. Brueck**
 (Date received) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **10** day **12**
 year **1947** hour **7** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **43**
 19 **43** to **10-12-** 19 **47**
 that I last saw him alive on **10-9-47** and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary emboli
Due to **arterial fibrillation**
Due to **mitral stenosis**
Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy.....
PHYSICIAN
 Underline the cause of 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? (e) Means of injury.....
23. Signature **R. O. Muether** **MD**
Address **634th Grand** **15/3/47**
 Date signed

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

MOTHER FATHER

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.....

Henry M. Brammer

.....
Licensed Embalmer No.....

4200

P. O. Address.....

St. Louis

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.