S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14965

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 972

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Immaculate Heart Home 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town SUniversity City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 66 20 Etzek Avenue 5
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Cecelia Devaney

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dont Know (Month) (Day) (Year)

8. AGE: Years abt.88 | Months | Days | If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business None

FATHER
12. Name John Devaney
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bridget Mooney
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Stella Mahon
(b) Address 4909 Parkview Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thos. J. Finan
(b) Address 1519 S. Grand Blvd.

19. (a) 4-16-48 (Date received local registrar) (b) Cecelia Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13, year 1948 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from 1928 ------- 19 , to April 13, 1948 19 ; that I last saw her alive on April 12, 1948 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis and chronic interstitial nephritis, — Duration 2 years.

Due to ---

131

Due to ---

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 [signature] M.D. (M. D. or other)

Address 320 Metropolitan Bldg. Date signed 4/13/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Roland Yokuke

Licensed Embalmer No. 3917

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.