S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 15 1948

Registration District No. 377

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 18214

Registrar's No. 1273

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Hgts.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital O
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution 30 hours (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Richmond Hgts. 8
(If outside city or town limits, write "RURAL")
(d) Street No. 1138 Boland Place 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) O
If yes, name country

3. (a) PRINT FULL NAME EUGENE JOSEPH DEVINE
3. (b) If veteran, name war World war 1
3. (c) Social Security No. 488-10-2451

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Josephine Devine
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Nov. (Month) 11th (Day) 1894 (Year)

8. AGE: Years 53 | Months 6 | Days 6 | If less than one day 15 hr. min.

9. Birthplace St. Louis Mo. O
(City, town, or county) (State or foreign country)
10. Usual occupation pres. Loughman Cabinet Co.
11. Industry or business
FATHER
12. Name Eugene Devine, Sr.
13. Birthplace St. Louis, Mo. O
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Helen C. Geany
15. Birthplace St. Louis, Mo. O
(City, town, or county) (State or foreign country)
16. (a) Informant Josephine D. Devine
(b) Address 1138 Boland Place
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem
18. (a) Signature of funeral director Watson Bocklage
(b) Address 6536 Clayton Rd.
19. (a) 5-21-48 (Date received local registrar) (b) Carl A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 48 hour 3:00 minute M.
21. I hereby certify that I attended the deceased from 1946
1946, to May 18 1948
that I last saw him alive on 5-18- 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Rupture abdominal aorta	2 da
Due to: aortic aneurysm	unkn
Due to: arterio-sclerosis	unk
Other conditions 96 (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Rupture aorta - extravasation blood retro-peritoneal

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 C. D. Cassidy (M. D. or other) M.D.
Address 4952 Maryland Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr Cassedy

JUN 23 1948

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 Ray E Campbell

Licensed Embalmer No. 3881

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.