

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14192

State File No. _____
Registrar's No. **3352**

BIRTH NO. _____ **REG. DIST. NO.** **318** **PRIMARY REG. DIST. NO.** **1003**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) **2 years** c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2199**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Alexian Brothers Hospital** d. STREET ADDRESS (If rural, give location) **19 221 No. Grand Blvd.**

3. NAME OF DECEASED a. (First) **Rev. Terrence** b. (Middle) **H.** c. (Last) **Devlin S. J.** **4. DATE OF DEATH** (Month) (Day) (Year) **April 8, 1952**

5. SEX **M.** **6. COLOR OR RACE** **W.** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Single** **8. DATE OF BIRTH** **Sept. 19, 1870** **9. AGE** (In years last birthday) **81** **10. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Religious** **10b. KIND OF BUSINESS OR INDUSTRY** _____ **11. BIRTHPLACE** (State or foreign country) **Wisconsin** **12. CITIZEN OF WHAT COUNTRY?** **U.S.**

13a. FATHER'S NAME **Peter Devlin** **13b. MOTHER'S MAIDEN NAME** **Mary Blaney** **14. NAME OF HUSBAND OR WIFE** **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) **No.** **16. SOCIAL SECURITY NO.** _____ **17. INFORMANT'S SIGNATURE OR NAME** **Fr. Valentine Roach** **ADDRESS** **221 No. Grand Blvd**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Bacterial pneumonia**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Decubitus (Bedsores) Arteriosclerosis**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH **48 hrs.**
45 hrs.

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** _____

21d. TIME OF INJURY. (Month) (Day) (Year) (Hour) (Min.) _____ **21e. INJURY OCCURRED WHILE AT WORK** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from **January**, 1950, to **April**, 1952, that I last saw the deceased alive on **April 7**, 1952, and that death occurred at **4.00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **W. R. Kniff** (Degree or title) _____ **23b. ADDRESS** **634 No. Grand** **23c. DATE SIGNED** **4/10/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **4-13-52** **24c. NAME OF CEMETERY OR CREMATORY** **St. Stanislaus Seminary Florissant, Mo.** **24d. LOCATION** (City, town, or county) _____ (State) _____

DATE REC'D BY LOCAL REG. **APR 10 1952** **REGISTRAR'S SIGNATURE** **J. Carl Smith M.D.** **25 FUNERAL DIRECTOR'S SIGNATURE** **Arthur J. Donnelly** **ADDRESS** **3840 Lindell**

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. H. VanMatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.