S. No. 300
v. 10.48

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

FILED DEC 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43378

BIRTH NO. ____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11255

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Incarnate Word Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 2169
d. STREET ADDRESS (If rural, give location): 3307 Halliday 0

16

3. NAME OF DECEASED (Type or Print)
a. (First): Janet
b. (Middle):
c. (Last): DeVoto

4. DATE OF DEATH (Month) (Day) (Year): Dec. 6, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: Sept 7, 1875,
9. AGE (In years last birthday): 77 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): New York
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Brenk
13b. MOTHER'S MAIDEN NAME: not known
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: William Streit
ADDRESS: 9324 Sonora

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: ONE DAY

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) CERERRAL ARTERIOSCLEROSIS ONE YR.
DUE TO (c) GENERALIZED ARTERIOSCLEROSIS 5 YRS

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* DEHYDRATION + ACIDOSIS — THREE DAYS

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 334X

22. *I hereby certify that I attended the deceased from* Nov. 12, 1952, *to* Dec. 6, 1952, *that I last saw the deceased alive on* Dec. 6, 1952, *and that death occurred at* 2:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert A. Hall
(Degree or title): M.D.
23b. ADDRESS: 3902 LAFAYETTE ST. LOUIS, MO.
23c. DATE SIGNED: Dec. 6, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/8/52
24c. NAME OF CEMETERY OR CREMATORY: Lake Charles Cem.
24d. LOCATION (City, town, or county) (State): St Louis County Mo

DATE REC'D BY LOCAL REG.: DEC 8 1952
REGISTRAR'S SIGNATURE: Paul Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: J L Ziegenhein & Sons
ADDRESS: 7027 Gravois

(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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Neville B. Grohwetter

Licensed Embalmer No. 3696

P. O. Address 7027 Gravois

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.