

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41982**  
Registrar's No. **10751**

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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, Mo.</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>6116 Michigan Ave.,</b>		e. STREET ADDRESS (If rural, give location) <b>16 4044 Oleatha</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Geo. Wm.</b> b. (Middle) <b>Devine</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 7, 1955</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Jan. 21, 1888</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Letter Carrier</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>US Govt.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	

13a. FATHER'S NAME <b>John Devine</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ellen Lawrence</b>		14. NAME OF HUSBAND OR WIFE <b>Theresa Devine</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>Unk.</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Theresa Devine 4044 Oleatha</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>12-7-55</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <b>443 x</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **3-7**, 19**52**, to **12-7**, 19**55**, that I last saw the deceased alive on **11-22**, 19**55**, and that death occurred at **2 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>P. B. Cappel M.D.</b>		23b. ADDRESS <b>3284 Larches ave</b>		23c. DATE SIGNED <b>12-7-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>12-10-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Parklawn Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>Lemay 23, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>DEC 8 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		55. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Southern Funeral Home 6322 S. Grand Blvd., St. Louis Mo.</b>	
---	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *David Van Johnson*

Licensed Embalmer No. *429*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.