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

FILED MAY 25 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 17767

BIRTH NO. 33149-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3752

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS Mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ANTHONY Hosp.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☑
e. STREET ADDRESS (If rural, give location): 4127 PARKER

**3. NAME OF DECEASED** (Type or Print): a. (First) BABY b. (Middle) GIRL c. (Last) DEVEREUX

**4. DATE OF DEATH** (Month) (Day) (Year): APRIL 15 1956

**5. SEX**: FEMALE

**6. COLOR OR RACE**: WHITE

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): —

**8. DATE OF BIRTH**: APRIL 15 1956

**9. AGE** (In years last birthday): — 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): —

**10b. KIND OF BUSINESS OR INDUSTRY**: —

**11. BIRTHPLACE** (City and State or Foreign Country): ST. LOUIS Mo

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: ROBERT DEVEREUX

**13b. MOTHER'S MAIDEN NAME**: MARGURITE McGOWAN

**14. NAME OF HUSBAND/OR WIFE**: —

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown):
(If yes, give war or dates of service):

**16. SOCIAL SECURITY NO.**:

**17. INFORMANT'S SIGNATURE OR NAME**: ROBERT DEVEREUX ADDRESS: 4127 PARKER

**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) Premature Infant (24-26 wks) — INTERVAL BETWEEN ONSET AND DEATH: 40 min

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Premature Birth

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**:

**19b. MAJOR FINDINGS OF OPERATION**: 77 6X

**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?**

22. *I hereby certify that I attended the deceased from* 4/15, 19__, *to* 4/15, 1956, *that I last saw the deceased alive on* 4/15, 1956, *and that death occurred at* 7 p. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Arthur E. Smith MD

**23b. ADDRESS**: 5203 Chippewa St.

**23c. DATE SIGNED**: 4/16/56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): REMOVAL

**24b. DATE**: APR. 1956

**24c. NAME OF CEMETERY OR CREMATORY**: RESURRECTION CEM.

**24d. LOCATION** (City, town, or county) (State): ST. LOUIS Mo

DATE REC'D BY LOCAL REG.: APR 16 1956

REGISTRAR'S SIGNATURE: J. Earl Smith M.D. S.P.

**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Thomas Kuke 2906 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 em

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Homer C Dill

Licensed Embalmer No. 43

P. O. Address 2906 G

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.