

XC-705 013
Reg. 16133 SL-9821

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17768**
Registrar's No. **4407**

BIRTH NO. FILED JUN 11 1956 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 MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) 915 N. Grand, St. Louis, Mo.		c. CITY OR TOWN WEBSTER GROVES d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) 2 hrs. 25 min		e. STREET ADDRESS (If rural, give location) 7810 Weill Avenue	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Veterans Administration Hosp.			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) P. c. (Last) DEVINE			4. DATE OF DEATH (Month) (Day) (Year) 5-4-56
5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2-5-91
9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 18 HRS. Hours	IF UNDER 18 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSURANCE SALESMAN	10b. KIND OF BUSINESS OR INDUSTRY INSURANCE	11. BIRTHPLACE (City and State or Foreign Country) CARONDELET, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Edward Devine	13b. MOTHER'S MAIDEN NAME Mary Colgan	14. NAME OF HUSBAND OR WIFE Lucille Devine	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW-I	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hosp. Records, 915 N. Grand, St. Louis, Mo.	
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 INTERVAL BETWEEN ONSET AND DEATH 5 hours	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INFARCTION OF MYOCARDIUM DUE TO ARTERIO-SCLEROTIC CORONARY THROMBOSIS		DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 420-0	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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 5-4-56 , 19___, to 5-4-56 , 19___, and that death occurred at 11:15^a m., from the causes and on the date stated above.			
23a. SIGNATURE OF Dr. Kaminski (Degree or title)		23b. ADDRESS VA Hospital 915 N. Grand, St. Louis, Mo.	23c. DATE SIGNED 5-4-56
24a. BURIAL CREMATION/REMOVAL (Specify)	24b. DATE 5-7-56	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem.	24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.
DATE REC'D BY LOCAL REG. MAY 5 1956	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 S. Grand Blvd., St. Louis, Mo.	

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

(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.....
Signature of Student Embalmer

Signed *Hadley P. Keller*.....

Licensed Embalmer No. 49

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.