

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026895
STATE FILE NUMBER

FILED JUL 18 1958

Registration District No. **318** Primary Registration District No. **1003** Registration No. **6412**

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Pacific Hosp.		Length of stay in lb 1-wk.	STREET ADDRESS (If outside, give location) 2199 4317a Laclede Ave.
3. NAME OF DECEASED (Type or print) First Anna Middle Marie Last Devlin			4. DATE OF DEATH Month June Day 24 Year 1958
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 22, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secy. Mo. Pacific R.R.		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 73
11. BIRTHPLACE (City and state or country) DeSoto, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME John Devlin		14. MOTHER'S MAIDEN NAME Mary Frison	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 702-14-0402	17. INFORMANT Mr. Martin E. Shoffner, 4317 Laclede Ave.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Internal Hemorrhage from a ruptured spleen. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) E9369 48			INTERVAL BETWEEN ONSET AND DEATH 1
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Of Verdict	
20b. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____		20c. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) of same could not be determined	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. CITY, TOWN, OR LOCATION 333	COUNTY _____ STATE _____
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated			
22a. SIGNATURE James M. Seely, Deputy Coroner		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 6-25-58
23a. BURIAL, CREMATION, REBURYAL (Specify) Removal	23b. DATE June 27, 1958	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) DeSoto, Missouri.
24. FUNERAL DIRECTOR Arthur J. Donnelly		ADDRESS 3810 Lindell Blvd.	25. DATE RECD. BY LOCAL REG. JUN 25 '58
26. REGISTRAR'S SIGNATURE J. Paul Smith, M.D.			S.P.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

Securing the medical certification in the specific manner required by 193.140 MoRS 1949.

Health, & Welfare
S. Public Health Service

S. 300
v. 1-56

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 Francis Williams

Licensed Embalmer No. 35

P. O. Address 3840 Lin

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.