

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014881

STATE FILE NUMBER

FILED MAY 8 1959 Registration District No. Primary Registration District No. Registrar No. 2750

300
1-57

950

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Richmond Height	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospt		d. STREET ADDRESS (If outside, give location) 1417 Rankin Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last Ella Devitt		4. DATE OF DEATH Month Day Year 3-17-59	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-21-1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		11. BIRTHPLACE (City and state or country) Texas	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Joseph Wimpsatt		14. NAME OF HUSBAND OR WIFE Bartholomew Devitt Dec	
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. None	17. INFORMANT Address Rose Grothaus 1417 Rankin 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) Fracture of right hip DUE TO (b) Generalized Osteoporosis DUE TO (c) 904.0 21 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Injured in fall at home on	
20c. TIME OF INJURY Hour Month, Day, Year 3 1 59 March 1st 1959-129		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
20e. CITY, TOWN, OR LOCATION Richmond Heights Mo		20f. COUNTY STATE Missouri	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 10:15 a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Patrick J. Taylor		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 3.18.59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-20-59	
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Missouri	
24. FUNERAL DIRECTOR J.W. Clark F.H. 1125		25. DATE RECD. BY LOCAL REG. MAR 18 '59	
26. REGISTRAR'S SIGNATURE Roan Smith. M.D.			

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 *Alfred J. Bredelka*
Licensed Embalmer No. *2663*
P. O. Address *N 25 Hudson*

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.