

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029860

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7702** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 9 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Length of stay in 1b	c. CITY OR TOWN St. Louis.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer Phillips Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 447 N. Sarah, St.				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) George R. Devine			First	Middle	Last	4. DATE OF DEATH July 24, 1963		Month	Day	Year
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH		9. AGE (last birthday) 56	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Fairland, Oklahoma		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Horace Devine			13b. MOTHER'S MAIDEN NAME Nancy E. Jones			14. NAME OF HUSBAND OR WIFE Nil.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of serv Nil.)			16. SOCIAL SECURITY NO.		17. INFORMANT Milton F. Napier, 408 Olive, St.					Address
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage resulting from gunshot wound with avulsion & tearing of the liver; suffered when shot with gun in hands of one Ann Petroske during intrusion of home at 4361 Westminster, about 1:55 A.M. on July 24, 1963.								INTERVAL BETWEEN ONSET AND DEATH		
DUE TO (b) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> Justifiable		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) as above						
20c. TIME OF INJURY 1:55 a.m.		Month, Day, Year 7-24-63		St. Louis		Mo.				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY Mo.		STATE		
21. I attended the deceased from _____ to _____ and last saw ^{him} alive on _____ Death occurred at 6:30 A on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE Paul J. Simon Deputy Coroner				22b. ADDRESS 1300 Clark				22c. DATE SIGNED 7/26/63		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-29-63		23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery			23d. LOCATION (City, town, or county) St. Louis, Mo.			
24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington, Blvd				25. DATE RECD. BY LOCAL REG. JUL 26 1963		26. REGISTRAR'S SIGNATURE Paul 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

John J. Haines

Licensed Embalmer No. 4108

P. O. Address Phenix Mo

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.