

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

REC'D JAN 5 1954

State File No. **44159**
Registrar's No. **11942**

BIRTH NO. _____ 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 MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. CITY OR TOWN ST LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 3817 DETONTY ST 17	
d. FULL NAME OF HOSPITAL OR INSTITUTION		3817 DETONTY ST	

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) JOSEPH c. (Last) DEVROY			4. DATE OF DEATH (Month) (Day) (Year) DEC. 17 1953		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH MARCH 14-1885	9. AGE (In years last birthday) 68	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) SECRETARY		10b. KIND OF BUSINESS OR INDUSTRY WHEEL & PLUMB. SUPP.		11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS MO	
13a. FATHER'S NAME JOSEPH DEVROY		13b. MOTHER'S MAIDEN NAME BRIDGETT SCAMILL		14. NAME OF HUSBAND OR WIFE SINGHE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WORLD WAR I 492-10-3129		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MISS ANGEHA C. DEVROY - 3817 DETONTY	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH Sudden	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Cause unknown			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension		2 wks	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	

22. I hereby certify that I attended the deceased from **12/14**, 19**53**, to **12/17**, 19**53**, that I last saw the deceased alive on **12/14**, 19**53**, and that death occurred at **6:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert L. Grant MD		23b. ADDRESS 1117 N Grand		23c. DATE SIGNED 12/18/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC 19-1953		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO					

DATE REC'D BY LOCAL REG. DEC 18 1953		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert L. & U. Co 1905 S. Grand.	
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