

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

10716

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City..... (No. .... St. .... Ward ..)

File No. ....  
 Registered No. 2727

**2. FULL NAME**

John A. Divers St. Anthony's Hospital  
 (a) Residence No. .... St. 16 Ward. Ches. 2d  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 1 yrs. mos. ds. ; How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov - 18 - 1858  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
71 3 29  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Retired  
 (b) General nature of industry, business, or establishment in which employed (or employer) Railroad  
 (c) Name of employer Conductor

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

10. NAME OF FATHER Unknown  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 12. MAIDEN NAME OF MOTHER Unknown  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT G. G. Finesse  
 (Address) 3943 Sprague Junction

15. FILED 17 1930 Mar 17 1930

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 17 1930

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1930, to March 17, 1930, that I last saw h. m. alive on March 17, 1930 and that death occurred, on the date stated above, at 1 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Staphylococcus septicaemia  
194B  
36

(duration) .... yrs. .... mos. 8 ds.

CONTRIBUTORY (SECONDARY) Infected wound of right thumb caused by pliers (duration) .... yrs. .... mos. 12-14 ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH

3 DID AN OPERATION PRECEDE DEATH? No DATE OF March 13  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Bacterial culture  
 (Signed) Paul G. Schuster, M. D.

3/17 1930 (Address) 574 West 18th St. St. Louis

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Chester Illinois DATE OF BURIAL March 19 30

20. UNDERTAKER Wagoner Lumber Co ADDRESS 3621 Olive

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

