

V. S. No. 2
FORM-8-43
Rev. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32218
State File No.

FILED NOV 1 1948

Primary Registration District No. 1003

Registrar's No. 9115

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Christian Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether)

In this community 35 Years
years, months or days

3. (a) PRINT FULL NAME WILLIAM K. DIVERS

3. (b) If veteran, name war World war 1

3. (c) Social Security No. 494-05-3318

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Isabelle Divers

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased June 5, 1896
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>48</u>	<u>4</u>	<u>19</u>	hr. min.

9. Birthplace Avia, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Lead Man

11. Industry or business Emerson Electric Co.

12. Name William Divers,

13. Birthplace Columbia, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Luella Jenkins,

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Isabelle Divers.

(b) Address 2320 Shield Ave. Jennings

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/44
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) OCT 26 1944 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Jennings
(If outside city or town limits, write "RURAL")

(d) Street No. 2320 Shields Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24 year 1944 hour 3 minute 27 PM.

21. I hereby certify that I attended the deceased from 7/6/44 to 10/24/44, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Intra-ventricular cerebral hemorrhage -

Due to Cardiovascular renal disease.

Other conditions (Include pregnancy within 3 months of death) 1/21

Major findings: Of operations _____

Of autopsy CVR disease & Fused Kidney

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 6807 N. Lorraine St. Date signed 10/24/44

OCT 1 1945

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed: *Frank A. Moore*

Licensed Embalmer No. *3041*

P. O. Address. *2117 E. Grand*

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 this body is not embalmed, fact should be so stated above.