. S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 7 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 14392

Registrar's No. 2617

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1820 Market St. Union Station
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 17
(d) Street No. 5290a Waterman Ave. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 12
If yes, name country

3. (a) PRINT FULL NAME Rose Mc. Divitt,
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 12 (Day) 1881 (Year)

8. AGE: Years 67 Months 0 Days 13 If less than one day br. min.

9. Birthplace Arcadia (City, town, or country) Missouri (State or foreign country) C
10. Usual occupation Rooming House Operator
11. Industry or business

MOTHER FATHER
12. Name Walter O. Jones
13. Birthplace Arcadia (City, town, or country) Missouri (State or foreign country) C
14. Maiden name Edith Blanche Wilmont
15. Birthplace Arcadia (City, town, or country) Missouri (State or foreign country) C

16. (a) Informant Mrs. William Fischer,
(b) Address Woodland Hill, California
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4- 27- 48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director Cullinane Bros.
(b) Address 3320 N. Kingshighway Blvd.
19. (a) APR 27 1948 (Date received local registrar) (b) J. F. Broeseck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1948 hour 6 minute 55 A.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Coronary Occlusion
Coronary Sclerosis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred Werner (M. D. or other)
Address Deputy Coroner Date signed 4/27/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, 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 this body is not embalmed, fact should be so stated above.