No. 300
10.48

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39695

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2409

4000

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

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Affton
c. LENGTH OF STAY (in this place): 5 YEAR
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 9109 Coral Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Affton 4820
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): 9109 Coral Dr

3. NAME OF DECEASED (Type or Print)
a. (First): Cecelia
b. (Middle):
c. (Last): Diver

4. DATE OF DEATH (Month) (Day) (Year): Oct 14 1954

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Sept 6 1881
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 1, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and State or Foreign Country): Columbia, Ill
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Peter Reis
13b. MOTHER'S MAIDEN NAME: Barbara Platz
14. NAME OF HUSBAND OR WIFE: John Diver (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Frank Landwehr — ADDRESS: 9150 Olive Ste.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hour

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension — 5 years
DUE TO (c) Gen arteriosclerosis — 5 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: No
19b. MAJOR FINDINGS OF OPERATION: No 331X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): No
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): No

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): No m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: No

22. *I hereby certify that I attended the deceased from* 2.26, 53, *to* 10.14, 1954, *that I last saw the deceased alive on* 10.14, 1954, *and that death occurred at* 4:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. Foreman MD
23b. ADDRESS: 9505 Gravois
23c. DATE SIGNED: 10.15.54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct 18 1954
24c. NAME OF CEMETERY OR CREMATORY: Immaculate Conception
24d. LOCATION (City, town, or county) (State): Columbia, Illinois

DATE REC'D BY LOCAL REG.: 10/15/54
REGISTRAR'S SIGNATURE: Herbert R. Somkeng
25. FUNERAL DIRECTOR'S SIGNATURE: J. L. Ziegenhein & Sons — ADDRESS: 7027 Gravois

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 48

P. O. Address 1027 G

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.