

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008146
Start File No.

FILED MAR 12 1958

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Kirkwood		c. LENGTH OF STAY (in this place) 4 years		c. CITY OR TOWN Kirkwood		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 418 E. Adams Ave.,				e. STREET ADDRESS (If rural, give location) 418 E. Adams Ave.			
3. NAME OF DECEASED (Type or Print) SARAH		a. (First)		b. (Middle) L		c. (Last) DIVEN	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED (Specify) Never married		8. DATE OF BIRTH Apr. 7, 1883	
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 10 Days 9		IF UNDER 24 HRS. Hours 9 Min.		4. DATE OF DEATH (Month) (Day) (Year) Feb. 16, 1958	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY Various		11. BIRTHPLACE (City and State or Foreign Country) / Chicago, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Diven		13b. MOTHER'S MAIDEN NAME Laura Moore		14. NAME OF HUSBAND OR WIFE Single			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. M. Diven, 321 Belt Ave., St. Louis, Mo.			
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) Heart Attack Unknown Natural Causes ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 5711				INTERVAL BETWEEN ONSET AND DEATH 1 wk.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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?			
22. I hereby certify that I attended the deceased from 2-15, 1958 , to 2-16, 1958 , that I last saw the deceased alive on 2-15, 1958 , and that death occurred at 3:40 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE J. H. Barnett (Degree or title)				23b. ADDRESS 10424 Manchester Rd. Kirkwood, 22, Mo.		23c. DATE SIGNED 2-14-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/14/58		24c. NAME OF CEMETERY OR CREMATORY St. Jude Cemetery		24d. LOCATION (City, town, or county) (State) Monroe City, Mo.	
DATE REC'D BY LOCAL REG. 3-1-58		REGISTRAR'S SIGNATURE Herbert R. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis Stapp, Inc. Kirkwood.			

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

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Francis J. Myland Jr*.....
Licensed Embalmer No. *45717*.....

P. O. Address *Kirkwood*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.