

REC'D MAY 10 1939

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

12986  
Do not use this space.

791

1008

3328

1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No.....  
(c) or City... St. Louis, Mo. (d) Street No. City Infirmery St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 60 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Wm. May Divers

(a) Residence, No. 5800 Arsenal St. 13 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Joe Divers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
60 10 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany

FATHER 13. NAME Wm. Oebels

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) "

MOTHER 15. MAIDEN NAME Wilameno Unknown

16. BIRTHPLACE (CITY OR TOWN) " (STATE OR COUNTRY) "

17. INFORMANT J.G. Sullivan (ADDRESS) 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE April 11, 1939

19. FUNERAL DIRECTOR (NAME) A Kronlyer Co (ADDRESS) 2707 N Grand Blvd

20. FILED APR 10 1939 J.P. [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1939, to April 8, 1939

I last saw her alive on April 8, 1939. Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

*Carcinoma of breast  
Myocardial Insufficiency*  
50  
Date of onset

Other contributory causes of importance:  
*Multiple Myeloma (Hemic)*

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) J.P. [Signature], M.D.  
(Address).....

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FORM NO. 1 X16803

*Embalmed*

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**