No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 212

Registration District No. 791 JAN FEB 25 1941

Primary Registration District No. 1003

Registrar's No. 212

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

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: Mo. Pacific 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 10 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 617
(If outside city or town limits, write "RURAL") 9

(d) Street No. 4773 Labadie Ave.
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Miss Ruth Divers.

3. (b) If veteran, name war None

3. (c) Social Security No. 702-09-0521

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. 27. (Month) 1894 (Day) (Year)

8. AGE: Years 46 Months 2 Days 12 If less than one day hr. min.

9. Birthplace Fulton (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Steno

11. Industry or business Amer Refrigerator Co.

FATHER
12. Name James O. Divers
13. Birthplace (City, town, or county) Va. (State or foreign country)

MOTHER
14. Maiden name Addie Poindexter
15. Birthplace (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant James O Divers
(b) Address 4773 Labadie Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 11-41 (Month) (Day) (Year)
(c) Place: burial or cremation Fulton, Mo. Cem.

18. (a) Signature of funeral director Leidner und. Co.
(b) Address 2223 St. Louis Ave. X44

19. (a) JAN 10 1941 (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9th year 1941 hour 7 minute 45 a.m.

21. I hereby certify that I attended the deceased from 1-8-41 to 1-9-41, 1940 to 1-9-41, 19 ; that I last saw her alive on from 1-9-41, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumococci Meningitis	2 days
Due to otitis media	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to 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 0

23. Signature Frank E. Dwelle (M. D. or other)
Address Mo. Pac. Hosp. Date signed 1-9-41

(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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis av

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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