

Registration District No. **318** Primary Registration District No. **1004**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 27th S. Euclid Av. 1
(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 Mo (b) County San
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 27th S. Euclid Av.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Mae Divers
3. (b) If veteran, name war 770. 3. (c) Social Security No. 70.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 22
year 1948. hour 4 minute 05 p.m.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, divorced
6. (b) Name of husband or wife Dwight Kelly 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar. 15 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 10, 1948 to Nov. 22, 1948
that I last saw her alive on Nov 22, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 54 Months 8 Days 7 If less than one day _____ hr. _____ min.

Immediate cause of death CARCINOMA OF THROAT Duration 3 Yrs

9. Birthplace Ava Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation at home

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____

11. Industry or business
12. Name William Divers 9
13. Birthplace Unkn. Ill. 1
(City, town, or county) (State or foreign country)
14. Maiden name Martha Williams
15. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

16. (a) Informant Martha Edwards
(b) Address 1422 Hogan St.
17. (a) Cremation (b) Date thereof 11-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory Witt Bros. Lih. Co.
18. (a) Signature of funeral director J. B. Lasater
(b) Address 2929 S. Jefferson Av.
19. (a) NOV 23 1948 (b) J. B. Lasater
(Date received local health) (Registrar's signature)

23. Signature Amie Avert (M. D. or other) M.D.
Address 1194 Hawthorne Date signed 11-22-48

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

MOTHER FATHER

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. 3741

P. O. Address. 2929 So. Jefferson

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.