

No. 300  
 10-48  
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **14331**

BIRTH NO. _____		REG. DIST. NO. <b>311</b>		PRIMARY REG. DIST. NO. <b>541</b>		Registrar's No. <b>999</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence below institution.) a. STATE <b>MISSOURI</b> b. COUNTY <b>St. Louis Co</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clayton</b>		c. LENGTH OF STAY (in this place) <b>30 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Maryland Heights, Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>RURAL</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>RURAL</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Coxley</b>			b. (Middle) _____		c. (Last) <b>Divers</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4-26-1954</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Aug. 5-1891</b>		9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Lake, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Squire Divers</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Ball</b>		14. NAME OF HUSBAND OR WIFE <b>Luvella Divers</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY # <b>486-28-8330</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mary Alexander</b>		ADDRESS <b>Maryland Heights</b>	
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			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Lung</b>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>163X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <b>3-20-1954</b> to <b>4-26-1954</b> , that I last saw the deceased alive on <b>4-26-1954</b> , and that death occurred at <b>4:25 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Cesse H. Page</b>				23b. ADDRESS <b>M. R. 16015 Brentwood Clayton</b>		23c. DATE SIGNED <b>4-26-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 2nd-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Chesterfield Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Chesterfield, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>4/29/54</b>		REGISTRAR'S SIGNATURE <b>Walter R. Tomkey</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Russell Lind</b>		ADDRESS <b>2732 Pine</b>	

**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 .....  
Student Embalmer

Signed

*James A. Carter*

Licensed Embalmer No. *4681*

P. O. Address *St. Louis, Mo.*

**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.