

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.

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City **St. Louis** (No. **3433**)File No. **22141**Registered No. **6316**

St. Ward

2. FULL NAME

(a) Residence No. **16172** **Franklin** **25** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **50** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

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

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

Aug 16 - 1873

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

54**9****27**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

musician

(b) General nature of industry, business, or establishment in which employed (or employer)

Midway Theatre

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Italy

10. NAME OF FATHER

John Livendais

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

France

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Italy

14.

INFORMANT (Address)

St. Louis

15.

FILED

May 11 1928

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 12 1928

I HEREBY CERTIFY, That I attended deceased from **June 5**, 1928, to **June 12**, 1928, that I last saw him alive on **June 12**, 1928, and that death occurred, on the date stated above, at **4:30** p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) **Robert D. Simpson**, M. D.
6/13, 1928 (Address) **St. Louis**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

B. New Pickers**June 16 1928**

20. UNDERTAKER

Benceck Melham

ADDRESS

1138 N 6

Lerrndais

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