WRITE PLAINLY, WITH UNFADING INKS—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.

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

Do not use this space.

25362

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 25362

Township ..... Primary Registration District No. 1003 Registered No. 7596

City St. Louis, (No. Mo. Baptist Sanit. St. ..... Ward)

2. FULL NAME Alden M. Lively

(a) Residence. No. 4136 Shenandoah Ward. 17
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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 Louise Lively.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 7 - 1874.

7. AGE: YEARS 55. MONTHS 9. DAYS 21. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Night Watchman
(b) General nature of industry, business, or establishment in which employed (or employer) Boyds Clothing Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (Near) Sparta, Ill.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Martin Lively.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rebecca Higgins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois.
(STATE OR COUNTRY)

14. INFORMANT Mrs Louise Lively.
(Address) #4136 Shenandoah.

15. FILED JUL 29 1930, 19 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28, 1930.

17. I HEREBY CERTIFY, That I attended deceased from 7-24-, 1930 to 7-29-, 1930 that I last saw him alive on 7-29-, 1930 and that death occurred, on the date stated above, at 7 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr Interstitial Nephritis - Uremia -
131
97
1228 (duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis Genera
Hypertension (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Findings

(Signed) R Kaudrus, M. D.
7/30, 19 (Address) Wall Bldg

*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: Sparta, Ill.

DATE OF BURIAL: July 30, 1930

20. UNDERTAKER: C. R. Lupton.

ADDRESS: St. Olive #4449

#5903 Olive, St.
Jeff #5600. 1-3pm