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

Do not use this space.

FEB 8 1937

1. PLACE OF DEATH
County
Township
City of St. Louis (No. City Hospital #1 St. Ward)

Registration District No. 791
Primary Registration District No. 1003

File No. 3553
Registered No. 586

2. FULL NAME Jerry M. Lively
(a) Residence, No. 2306 Cass St., 21 Ward.
(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~~: Susan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 17, 1850

7. AGE: YEARS 86 | MONTHS 11 | DAYS 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: R. R. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 26
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sparta Illinois

FATHER
13. NAME: John Lively
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER
15. MAIDEN NAME: Ellen Black
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Virgil J. Lively 2308a Cass Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ In
PLACE Lakewood Cem. DATE Jan. 15, 1937

19. UNDERTAKER (ADDRESS): A. N. McLaughlin 2301 Lafayette Ave.

20. FILED JAN 24 1937 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 5.50 P m.
The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia, bronchial fracture of neck of left femur due to fall at City Infirmary 12-3-37

Other contributory causes of importance: fell from a chair

Accident. 186a

Date of onset

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan 3, 1937
Where did injury occur? St Louis (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury .....
Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Alfred J. Perry, ~~M. D.~~
(Address) Deputy Coroner

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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