

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.

REC'D NOV 16 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

33618
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **5881 Plymouth** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Emily K. Livsey**

(a) Residence, No. **5881 Plymouth** St. **5**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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 **J. Parks Livsey**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **1890 Feb. 5,**

7. AGE YEARS **48** MONTHS **7** DAYS **26** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At. Home**

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis,** (STATE OR COUNTRY) **Mo.**

13. NAME **Henry Schmidt**

14. BIRTHPLACE (CITY OR TOWN) **Missouri** (STATE OR COUNTRY)

15. MAIDEN NAME **Mary Tuckett**

16. BIRTHPLACE (CITY OR TOWN) **St. Paul,** (STATE OR COUNTRY) **Minnesota**

17. INFORMANT **J. Parks Livsey** (ADDRESS) **5881 Plymouth**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Crematory** DATE **Dec. 3, 38**

19. FUNERAL DIRECTOR (NAME) **Alexander & Sons** (ADDRESS) **6175 Delmar Blvd**

20. FILED **OCT 2 1938** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 1, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 7, 1937, to Oct. 1, 1938**

I last saw her alive on **Sept. 30, 1938**. Death is said to have occurred on the date stated above, at **1:45 a.m.**

The principal cause of death and related causes of importance were as follows:

Myocarditis, Chronic (Dege-nerative or arteriosclerotic)

Complete Auriculo-Ventricular Heart Block

Date of onset

?

Feb. 7, 1937

Other contributory causes of importance:

Name of operation **none** Date of

What test confirmed diagnosis? **EKG** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify

(Signed) **Hiram H. Bennett**, M. D.

(Address) **3720 Washington Blvd**

William August
Freeman and
Duff 1557

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,

Jos. E. McCulloch

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *Jos. E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *4175 Elmwood St. South Me*

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, above space should be left blank.