

DEPT JAN 11 1939

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

41059  
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791  
 (b) Township 1 Primary Registration District No. 0003  
 (c) City St. Louis (d) Street No. 1617a Franklin Ave. St. 10751  
 (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

1352 Mathilda Livaudais  
 (a) Residence, No. 1617a Franklin Ave. St. 25  
 (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John M. Livaudais

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1875

7. AGE YEARS 63 MONTHS 6 DAYS 25 If LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
 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) Ste. Genevieve (STATE OR COUNTRY) Missouri

FATHER 13. NAME Robert Menteer

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Ray R. Livaudais (ADDRESS) 3934 Natural Bridge Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New Pickers Cem. DATE Dec. 14, 1938

19. FUNERAL DIRECTOR (NAME) Beiderwieden Fun'l. Home (ADDRESS) 1936 St. Louis Ave. Inc.

20. FILED DEC 14 1938 J. D. Bredel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw her alive on ..... 19..... Death is said to have occurred on the date stated above, at 3:50a.m.  
 The principal cause of death and related causes of importance were as follows:

Primary Cause  
Other contributory causes of importance:  
Return Schoses

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? To

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? To  
 If so, specify .....  
 (Signed) Joseph M. Quinn M. D.  
 (Address) Deputy Coroner

WRITE PLAINLY, WITH UNFADING INK---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.

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**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 .....

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

Signed Thos. A. Beedimsky .....

Licensed Embalmer No. 576 .....

P. O. Address .....

**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.**