

REC'D APR 12 1939

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

9195  
Do not use this space.

791  
1008 Registered No. 2960

1. PLACE OF DEATH

(a) County ..... / Registration District No. ....  
(b) Township ..... / Primary Registration District No. ....  
(c) City St. Louis (d) Street No. Mo. Baptist Hosp. 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

(a) Residence, No. 152 Celestine Livingston 1207 Montclair St. 5 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/6/77  
7. AGE YEARS 61 MONTHS 5 DAYS 22 If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housekeeper  
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) (STATE OR COUNTRY) Sandusky, Ohio

FATHER 13. NAME Martin Livingston

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

MOTHER 15. MAIDEN NAME Bertha Mook

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

17. INFORMANT Minnie Livingston (ADDRESS) 1207 Montclair

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 3/31/39

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

20. FILE MAR 29 1939 J.D. Prudner Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14 1939, to Mar 28 1939  
I last saw her alive on Mar 28 1939. Death is said to have occurred on the date stated above, at 7:15 P. m.

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

cholelithiasis & cholecystitis

Other contributory causes of importance:

Left parotitic not infected cholecystectomy 126  
Name of operation: cholecystectomy Date of 3/18/39  
What test confirmed diagnosis? ..... Was there an autopsy? yes

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? .....

If so, specify H. F. Bergman M. D. (Signed) 3821 Washington (Address)

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.

5601 St. Louis  
H. J. Bergmann  
11. and 1.

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 *6175 Delmar Blvd*

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.