

6. 2
4-41
7-39
X26390

FILED AUG 8 1941
Registration District No. _____

Primary Registration District No. 101

Registrar's No. 1588

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day 10 hr. 40 min.
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Brentwood
(If outside city or town limits, write "RURAL")

(d) Street No. Gouldworth Home
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lelia Lively

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month July day 28
year 1941 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from 7-26-41
19, to 7-28-41 19.

that I last saw her alive on 7-28-41
and that death occurred on the date and hour stated above.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced 5 13

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 9
(Month) (Day) (Year)

| Immediate cause of death | Duration |
|--|--------------|
| <u>Prob. Coronary Arteriosclerosis</u> | <u>1 day</u> |
| Due to <u>Arteriosclerotic Heart Disease</u> | <u>4 yr.</u> |
| Due to _____ | _____ |

8. AGE: Years Months Days If less than one day

| | | | |
|-----------|----------|----------|----------------------|
| <u>81</u> | <u>7</u> | <u>9</u> | _____ hr. _____ min. |
|-----------|----------|----------|----------------------|

9. Birthplace Unknown Va!
(City, town, or county) (State or foreign country)

10. Usual occupation nil.

Other conditions Senile Dementia
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name John D. Lively

13. Birthplace Unknown Va
(City, town, or county) (State or foreign country)

14. Maiden name Clayton Luck

15. Birthplace Unknown Va!
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Lively

(b) Address 1046 College Street

17. (a) Burial (b) Date thereof 7/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Bopp Under

(b) Address Kirkwood Mo

19. (a) Aug 24 1941 (b) J. Romys M.D.
(Date certified for burial) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Lutball (M. D. or other) D
Address B. Nap Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No..... 3288

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, fact should be so stated above.