

S. No. 2
A-4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19771
5912

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

134
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17
9

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

1. PLACE OF DEATH: St. Louis
 (a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2208 So. 3rd. St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: 10 years
 (Specify whether in this community, years, months or days)

3. (a) PRINT FULL NAME Patrick William Livley
 3. (b) If veteran, name war yes
 3. (c) Social Security No. unknown
 4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 11, 1894
 (Month) (Day) (Year)

8. AGE: Years 47 Months 10 Days 0
 If less than one day _____ hr. _____ min.

9. Birthplace Washington Indiana
 (City, town, or county) (State or foreign country)
 10. Usual occupation pipe fitter
 11. Industry or business car fdry.

MOTHER FATHER
 12. Name William Livley
 13. Birthplace Washington, Indiana
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Smith
 15. Birthplace Washington, Indiana
 (City, town, or county) (State or foreign country)

16. (a) Informant John Livley
 (b) Address 4521 3rd. St. Madison, Illinois
 17. (a) Removal (b) Date thereof July 13, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Madison Illinois

18. (a) Signature of funeral director Arancia J. Lakey
 (b) Address Madison, Illinois
 19. (a) JUL 13 1942 (b) J. P. Bredeek
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 600
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2208 So. 3rd. St.
 (If foreign born, how long in U.S.A. No. Attending Physician years.)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 11
 year 1942 hour 10 minute 45 P.M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Interstitial Nephritis - Chronic Myocarditis
 Due to _____
 Other conditions (Includes pregnancy within 3 months of death) _____
 Major findings: Of operations 131
 Of autopsy 131
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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 3
 23. Signature Alfred G. Perry (M. D. or other)
 Address _____ Date signed 7/13/42

AUG 22 1948

100-15-1834

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 *Rancis J. Lekey*
Licensed Embalmer No. 2792
P. O. Address Madison Ill

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.