

FILED NOV 6 1942  
784

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 2238

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

1. PLACE OF DEATH:  
(a) County ST. LOUIS  
(b) City or town RICHMOND HTS.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
ST. MARY'S HOSP O  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME INFANT LIVELL  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced S O  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: 10-27-42  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 9 hr. \_\_\_\_\_ min.

9. Birthplace RICHMOND HTS MO  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name HARRY LIVELL  
13. Birthplace ST. LOUIS MO  
(City, town, or county) (State or foreign country)  
14. Maiden name BARBARA MEIER  
15. Birthplace OKLA.  
(City, town, or county) (State or foreign country)

16. (a) Informant Nary Livell

(b) Address 401 S. 9th St. Richmond Mo

17. (a) Burial (b) Date thereof 10/30/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PETER'S CHURCH

18. (a) Signature of funeral director Wm. H. Bopp, D.D.

(b) Address Richmond Mo

19. (a) 28-1942 (b) Wm. H. Bopp  
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County ST. LOUIS 96  
(c) City or town RICHMOND HTS Kirkwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 401 S 9th  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27 1942  
year 1942 hour 9:15 minute 15 A.M.

21. I hereby certify that I attended the deceased from Oct 19 to Oct 27, 1942  
that I last saw him alive on Oct 27, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity 7 mo.  
Due to Intra uterine bleeding  
Coarctation aor.

Other conditions 15  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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 \_\_\_\_\_  
23. Signature Wm. H. Bopp (M. D. or other) MD  
Address 105 W. Jackson Date signed 10-28-42

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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.....

Licensed Embalmer No.....

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.**