

FILED JAN 15 1943

Registration District No.

Primary Registration District No. 707

2556

9600
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Koch - Missouri

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

(c) Name of hospital or institution: Robert Koch Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11-17-42 to 12-5-42
(Specify whether years, months or days)

In this community 31 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saint Louis

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

(d) Street No. 3629 Bates
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM LIVINGSTON

3. (b) If veteran, name war NO

3. (c) Social Security No. 493-09-6136

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Sadie

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased November 22 1892
(Month) (Day) (Year)

8. AGE: Years 60 Months 0 Days 13
If less than one day hr. min.

9. Birthplace ME Sterling Ill -
(City, town, or county) (State or foreign country)

10. Usual occupation Freeman

11. Industry or business GLOBE DEMOCRAT

12. Name John Livingston

13. Birthplace UNK. W.V.
(City, town, or county) (State or foreign country)

14. Maiden name Elvira Brown

15. Birthplace UNK. W.V.
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Record

(b) Address Robert Koch Hospital

17. (a) BURIAL (b) Date thereof 12-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BURIAL CALVARY

18. (a) Signature of funeral director KRIEGLSHAUSER UNDCO

(b) Address 4228 SO. KING HIGHWAY BLVD

19. (a) DEC 7 1942 (b) C. H. MO (Registrar's signature)
(Date received local Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5
year 1942 hour 4 minute 15 p.m.

21. I hereby certify that I attended the deceased from November 14 1941 to December 5 1942
that I last saw him alive on December 5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 1 1/2 yrs
ulosis

Due to 13/11

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 Bernard Friedman (M. D. or other) MD
Address Koch Mo Date signed 12-6-42

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 *Richard W. Storeand*

Licensed Embalmer No. *4007*

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.