

S. No. 2  
M-1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

7637

State File No. \_\_\_\_\_

FILED MAR 17 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 111

Registrar's No. 280

1. PLACE OF DEATH:

(a) County... St. Louis

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community... Life  
(years, months or days)

3. (a) PRINT FULL NAME... Shirley Anne Lyvers

3. (b) If veteran, name war... None

3. (c) Social Security No... None

4. Sex... Female

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 \_\_\_\_\_  
(Day) \_\_\_\_\_ (Year) \_\_\_\_\_

7. Birth date of deceased... October 5 1942  
(Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>3</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace... St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation... Infant

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

12. Name... William H. Lyvers

13. Birthplace... Owensburgh Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name... Bertha Bockle

15. Birthplace... Milwaukee Wisconsin  
(City, town, or county) (State or foreign country)

16. (a) Informant... William H. Lyvers

(b) Address... 6544 Julian Ave

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof... 2/3/1943  
(Month) (Day) (Year)

(c) Place: burial or cremation... Calvary Cemetery

18. (a) Signature of funeral director... [Signature]

(b) Address... 1125 Hodiamont Ave.

19. (a) FEB 5 1943 (Date received local health officer)

(b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No... 6544 Julian Ave  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2  
year 1943 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from January 24 1942 to Feb. 2, 1943  
that I last saw her alive on Feb. 2, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death... Bilateral Bronchopneumonia Acute  
(Bilateral)

Due to... \_\_\_\_\_

Due to... \_\_\_\_\_

Other conditions... 107  
(Include pregnancy within 3 months of death)

Major findings: 107  
Of operations... \_\_\_\_\_

Of autopsy... Bilateral Bronchopneumonia

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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury... 0

23. Signature... [Signature] (M. D. or other M.D.)  
Address... St. Mary's Hospital Date signed 2/3/43

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

766

96  
5

FATHER  
MOTHER

707

**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.

**NOT EMBALMED\***

Signed.....  
Licensed Embalmer No. **3225**

P. O. Address **1125 Hodiament Ave.**

**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.**