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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30153

FILED OCT 13 1943 214

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 8598

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

1. PLACE OF DEATH:

(a) County ____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 2½hrs. 0 (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ____

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

(d) Street No. 2331 N. Market
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ----- 0

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3. (a) PRINT FULL NAME Baby Livengood

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Newborn 0

6. (b) Name of husband or wife Newborn

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

7. Birth date of deceased April (Month) 22, (Day) 1943 (Year)

8. AGE: Years ____ Months ____ Days ____ If less than one day 2½ hr. ____ min.

9. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Betty Livengood

15. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Ann P. Morrison

(b) Address St. Louis City Hospital

17. (a) ____ (Burial, cremation, or removal) (b) Date thereof 9 30 43 (Month) (Day) (Year)

(c) Place: burial or cremation City Crematory

18. (a) Signature of funeral director F. W. J. White

(b) Address Cathy Hospital No 1.

19. (a) SEP 29 1943 (Date received local registrar) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22, year 1943 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from April 22, 1943 to April 22, 1943 that I last saw him alive on April 22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to ____

Due to ____

Other conditions (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 I. M. Bloch M.D. (M. D. or other)

Address 1515 Lafayette Avenue, Date signed 4/23/43

(Licensed Embalmer's Statement on Reverse Side)

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.