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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33300

State File No.

Registration District No. **818**

Primary Registration District No. **1005**

Registrar's No. **9259**

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 days**
In this community **2 years** (Specify whether years, months or days)

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. **4265 W. N. Market**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Walter Lively**

3. (b) If veteran, name war **Nil** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or **2/2 Colored** 6. (a) Single, widowed, married, divorced **2/2 Widowed**

6. (b) Name of husband or wife **Maria Lively** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **About 1873 ?**
(Month) (Day) (Year)

8. AGE: Years **70?** Months **?** Days **?** If less than one day _____ hr. _____ min.

9. Birthplace **Greenville Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farm Laborer**

11. Industry or business **Farming**

MOTHER FATHER { 12. Name **Osborne Lively**

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

14. Maiden name **Unknown Unknown**

15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. H. H. Reed**

(b) Address **4265 West North Market St., Removal**

17. (a) (Burial, cremation, or removal) **Removal** (b) Date thereof **10/20/43**
(Month) (Day) (Year)

(c) Place: burial or cremation **El Dorado, Kansas**

18. (a) Signature of funeral director **Albert H. Hoppe, Inc**

(b) Address **4700 Washington Blvd.**

19. (a) **OCT 19 1943** (b) **J. F. Brudick**
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **18,**
year **1943** hour **11** minute **00 P. M.**

21. I hereby certify that I attended the deceased from **October 14,** 19**43,** to **October 18,** 19**43,**
that I last saw him alive on **October 18,** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Heart Disease** Duration **Unk.**

Due to _____

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 **J. E. Smith** (M. Doctor or other) **J. E. Smith**
Address **2601 W. Hillside** Date signed **10/20/43**

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

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.....

W. W. Wilkinson

..... Licensed Embalmer No.....

3575

..... 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.