No. 2
—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 40170

FILED JAN 3 1944

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 11388

**1. PLACE OF DEATH:**

(a) County
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo
In this community 2 mo (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 999
(a) State Illinois (b) County "
(c) City or town Columbia.
(If outside city or town limits, write "RURAL") NR
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country L

3. (a) PRINT FULL NAME Mrs. Mary Ellen Lively
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 29 (Day) 1862 ~~1852~~ (Year)

8. AGE: Years 81 Months 3 Days 20 If less than one day hr. min.

9. Birthplace Priceville (City, town, or county) Ky (State or foreign country)
10. Usual occupation Housework
11. Industry or business
MOTHER FATHER
12. Name Frank Thornburg
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Marina Haveges
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant E J Schneider
(b) Address Columbia, Illinois.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12-21-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Ill
18. (a) Signature of funeral director E. J. Schneider
(b) Address Columbia, Ill.
19. (a) DEC 20 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 19 year 1943 hour 8 minute 55 P.M.
21. I hereby certify that I attended the deceased from Oct. 21, 1943 to Dec. 19, 1943; that I last saw her alive on Dec. 19, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Due to Fracture of left femur
Due to Senility
Due to slipped and fell in the home
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) Accident
(b) Date of occurrence Dec 21, 1943
(c) Where did injury occur? Columbia (City or town) 136 (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (e) Means of injury fall.
23. Signature Harol Steele (M. D. or other)
Address 1755 S Grand St. Louis, Mo Date signed 12-19-43

(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 Howard Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis, Mo

**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.**