

S. No. 2
OM-5-43
v. 5-17-39
I X3662

25474

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 16 1946
318
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 5880

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

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:
1905 California Av
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
in this community _____
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. 1905 California Av
(If rural, give location)

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

3. (a) PRINT FULL NAME Lottie Livingston

3. (b) If veteran, name war *****

3. (c) Social Security No. *****

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 March 5 1860
(Month) (Day) (Year)

8. AGE: Years Months 87 If less than one day
86 2 28 hr. min.

9. Birthplace Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name ????? Walker

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

14. Maiden name Unknown

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

16. (a) Informant Carl Livingston

(b) Address 1905 California

17. (a) Removal (b) Date thereof July 4 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morristown Tennessee

18. (a) Signature of funeral director J. J. Bredeek

(b) Address 5409 Gravois Ave

19. (a) JUL 3 1946 (b) J. J. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3rd day July
year 1946 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from June 8
1946, to July 2 1946,
that I last saw her alive on July 2 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death
Ch. Myocarditis
Ch. hepatitis

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings of operations Fracture hip

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 6/8/46

(c) Where did injury occur? Home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home - Fall
(Specify type of place) (e) Means of injury

23. Signature R Berg (M. D. or other)
Address 2253 Hubbard Date signed 7/3/46

Duration of illness 18

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

6202

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..... *Homer W. J. J. J.*.....

..... Licensed Embalmer No. *3882*.....

..... 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.