

FILED APR 23 1948  
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution **PRONOUNCED DEAD AT HOMER G. PHILLIPS HOSPITAL**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 yrs  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Roy E Livingston

3. (b) If veteran, name war #1

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Gene

6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased: Oct 18 1889  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>5</u>	<u>12</u>	hr. _____ min. _____

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

10. Usual occupation Labor

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

12. Name Willie Livingston

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

14. Maiden name unk

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

16. (a) Informant Daisy Allen

(b) Address 1624 Carver Lane

17. (a) burial (b) Date thereof 4-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jayson Park National

18. (a) Signature of funeral director J. H. Bredack

(b) Address 3133 Bee Ave

19. (a) APR 7 1948 (b) J. H. Bredack  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

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

(d) Street No. 2218 Chestnut St  
(If rural, give location)

(e) Citizen of foreign country? 21 (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 30  
year 1948 hour \_\_\_\_\_ minute 00 P

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Calcified Aortic

Due to Chronic Myocarditis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (Specify means of injury)

Signature Edward J. Perry (M. D. or other) \_\_\_\_\_

Address Deputy Coroner Date signed 4/7/48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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 Ralph W Henson

Licensed Embalmer No. 3791

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.