

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39337

No. 300
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FILED DEC 1 1951

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State File No. 10448

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 10448		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2229		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1525 Papen				d. STREET ADDRESS (If rural, give location) 1525 Papen				
3. NAME OF DECEASED (Type or Print) a. (First) Wendell b. (Middle) Livingston c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 11 20 51					
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant		8. DATE OF BIRTH 4. 2 1957	9. AGE (In years last birthday) 7	IF UNDER 1 YEAR Months 7 Days 18	IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) 0		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Osceol Livingston			13b. MOTHER'S MAIDEN NAME William		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME William Livingston ADDRESS 1525 Papen				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				DUPLICATE OF (b) Lobar Pneumonia				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUPLICATE OF (c) Congenital Heart Disease				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H90X				
22. I hereby certify that I attended the deceased from 10 P. to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:57 P. m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Patrick E. Taylor Coroner			23b. ADDRESS 13th Clark			23c. DATE SIGNED 11.24.51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 24, 1951		24c. NAME OF CEMETERY OR CREMATORY Oakdale Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, MO		
DATE REC'D BY LOCAL REG. NOV 24 1951		REGISTRAR'S SIGNATURE Paul Smith		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Elaine & Roundtree ADDRESS 3773 Chouteau				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Leroy H. Bannister

Licensed Embalmer No. *4523*

P. O. Address *3880 Easton Ave*

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.