

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019390
STATE FILE NUMBER

FILED JUN 4 1959

Registration District No. _____ Primary Registration District No. _____ Register No. **2-5020**

300
-57
14
3

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarnate Word Hosp.		Length of stay in 1b	d. STREET ADDRESS 3606 Connecticut (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Julius Middle J. Last Livingston			4. DATE OF DEATH Month May Day 23 Year 1959
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-27-1883
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician Ret. 1 yr.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) E. St. Louis Ill.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles Livingston	
13b. MOTHER'S MAIDEN NAME U k. George		14. NAME OF HUSBAND OR WIFE Jennie Livingston	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war and dates of service) no		16. SOCIAL SECURITY NO. 492-07-1526	
17. INFORMANT Jennie Livingston		Address 3606 Connecticut	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ch Myocarditis (arterio- & sclerotic heart disease			INTERVAL BETWEEN ONSET AND DEATH 1 wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 422.1			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 5-16-59 to 5-23-59 and last saw her alive on 5-16-59 Death occurred at 3:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ralph Berg MD (Degree or title)		22b. ADDRESS 3203 S Grand	
22c. DATE SIGNED 5/23/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 5-26-59	
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR ADDRESS Southern Funeral-Home 6322 S. Grand, St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. MAY 25 '59	
REGISTRAR'S SIGNATURE Lois Smith, M.D.		m. J. B.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DR. BYRGE
3206 S. GRAND

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
Signature of Student Embalmer

Signed *David Van Tessen*

Licensed Embalmer No. *4592*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.