

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-033397**

XC-311 972

Registration District No. 317 Primary Registration District No. 570 Registrar's No. 2345 STATE FILE NUMBER

INDEXED

FILE

1. PLACE OF DEATH  
 a. COUNTY **ST. LOUIS**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **JEFFERSON BARRACKS** Length of stay in lb **10 DAYS**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **VETERANS ADMINISTRATION HOSPITAL** Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **MISSOURI** b. COUNTY **ST. LOUIS** Inside Limits Yes  No   
 c. CITY OR TOWN **ST. LOUIS**  
 d. STREET ADDRESS (If outside, give location) **2209 DIVISION STREET** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
**JAMES** ----- **LIVINGSTON** **8-4-60**  
 5. SEX **MALE** 6. COLOR OR RACE **NEGRO** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **8-14-1889** 9. AGE (last birthday) **71**  
 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **PAINTER (RETIRED)** 10b. KIND OF BUSINESS OR INDUSTRY **HOUSE PAINTING** 11. BIRTHPLACE (City and state or country) **DEWITTE, ARKANSAS** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **HENRY LIVINGSTON** 13b. MOTHER'S MAIDEN NAME **ARDELLA BAKER** 14. NAME OF HUSBAND OR WIFE **ROSE LIVINGSTON**  
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **YES WW-I** 16. SOCIAL SECURITY NO. **UNKNOWN** 17. INFORMANT **ROSE LIVINGSTON, 2209 DIVISION, ST. LOUIS, MO.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **PULMONARY EMBOLIZATION:** INTERVAL BETWEEN ONSET AND DEATH **Undetermined**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **HYPERTENSIVE CARDIOVASCULAR DISEASE** **3 YEARS**  
 DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **EMPHYSEMA** PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 **7-25-60** to **8-4-60** and **XXXXXXXXXX**  
 Death occurred at **1:45** P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *C.M. Schiek* (Degree or title) **C.M. Schiek, Actg. Dir. Prof. Services, M.D.** 22b. ADDRESS **VA HOSP. JEFF. BRKS. MO.** 22c. DATE SIGNED **8-5-60**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **8-9-60** 23c. NAME OF CEMETERY OR CREMATORY **NATIONAL CEMETERY** 23d. LOCATION (City, town, or county) (State) **JEFFERSON BARRACKS, MO.**

24. FUNERAL DIRECTOR **G. WADE GRANBERRY** ADDRESS **4202 Finney Ave.** 25. DATE RECD. BY LOCAL REG. **8-5-60** 26. REGISTRAR'S SIGNATURE *John E. ...*

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Finney 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.