

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

AUG 18 1936

28808

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City **St., Louis, Mo.**

(No. **2814 Mill St.**)

File No.

Registered No. **7575**

St.

Ward)

2. FULL NAME **Emma Givens**

(a) Residence, No. **2814 Mill St.** St. **21** Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widower**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Widow**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June, 5th, 1884**

| | | | |
|--------------|----------|-----------|--|
| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
| 52 | 1 | 12 | |

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. **Laundress**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Union Mo.**

13. NAME **Givens**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Union Mo**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Henry Nelson**
(ADDRESS) **2605 Lucas ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenwood** DATE **7/18/** 19**36**

19. UNDERTAKER **Ellis Funeral Home.**
(ADDRESS) **2820 Stoddard St.**

20. FILED **JUL 18 1936** **J.F. Bredeck**
Registrar.

Natural Certificate of Death

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7/17/** 19**36**.

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
I last saw h..... alive on..... **5:30**, 19..... Death is said to have occurred on the date stated above, at..... **5:30** m.
The principal cause of death and related causes of importance were as follows:
Heart Stroke
Date of onset

Other contributory causes of importance: **1911**

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) **J.F. Bredeck**, M. D.
(Address) **Deputy Coroner**

7/18/36

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Lic #2560

THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

PHYSICAL CHEMISTRY