

REC'D MAY 10 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Saint LouisTownship CrosscutCity Jefferson BarracksRegistration District No. 784Primary Registration District No. 20(No. Vet Hosp)

15901

File No.

Registered No. 746

St.

Ward

2. FULL NAME Albert GIVENS(a) Residence, No. 2604 Thomas Street

(Usual place of abode)

St.

Ward.

Saint Louis, Missouri.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

Unkn.

yrs. mos. ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>--</u>		
5. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 25, 1901</u>		
7. AGE YEARS <u>36</u>	MONTHS <u>3</u>	DAYS <u>21</u>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>--</u>
	10. Date deceased last worked at this occupation (month and year) <u>--</u>
11. Total time (years) spent in this occupation <u>--</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Aberdeen, Mississippi</u>
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13. NAME <u>William Givens</u>
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14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Aberdeen, Mississippi</u>
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15. MAIDEN NAME <u>Not known</u>
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16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>--</u>
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17. INFORMANT <u>Clinic Jefferies</u> (ADDRESS) <u>Barracks, Missouri</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE <u>National Cemetery</u> DATE <u>4/22nd</u> 19 <u>38</u>
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19. UNDERTAKER <u>R. E. Houston</u> (ADDRESS) <u>2812 Thomas St</u>
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20. FILED <u>4-20</u> 19 <u>38</u> <u>DR Meyer</u>
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## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 193822. I HEREBY CERTIFY, That I attended deceased from March 31 1938 to April 16 1938I last saw him alive on April 16 1938 Death is saidto have occurred on the date stated above, at 5:10 P.m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency, congestive type of cardiac failure, hypertrophy and dilatation (Luetic heart disease)

Date of onset

Unkn.

Other contributory causes of importance

NoneName of operation None Date of None  
What test confirmed diagnosis? Phys. clinical mani. and laboratory 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?

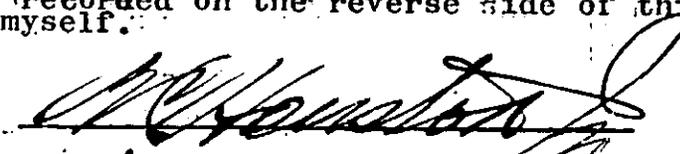
If so, specify Lawyer(Signed) C. W. HUGHES, Chief Med. Officer, M. D.(Address) VAE Jefferson Barracks, Mo.

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.

STATEMENT BY LICENCED EMBALMER.

I, R.C.Houston, Jr, Licened Embalmer NO.2266.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself.

A handwritten signature in black ink, appearing to read "R.C. Houston, Jr.", written over a horizontal line.

Licened Embalmer NO.2266.

Address,2812,Thomas,St,St Louis,Mo.