

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

**23956**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County.....  
 (b) Township.....  
 (c) City St. Louis, Mo. (d) Street No. 2515 N. 10th. St. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

7  
Registration District No. 791  
Primary Registration District No. 1003

Registered No. 6650

**2. PRINT FULL NAME** William D. Havens.

(a) Residence, No. 2515 N. 10th. St. St. 24  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Married.

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

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** April 21, 1877.

**7. AGE** YEARS 61 MONTHS 3 DAYS 3  
 If LESS than 1 day, ..... hrs. or ..... min.

**OCCUPATION**  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Concrete Worker  
 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)** Memphis Tennessee

**FATHER**  
**13. NAME** James Havens

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

**MOTHER**  
**15. MAIDEN NAME** Mary Langan.

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** New York.

**17. INFORMANT (ADDRESS)** Mrs Rose Havens 2515 N. 10th St

**18. BURIAL, CREMATION, OR REMOVAL PLACE** Bethany Cem. DATE July 27 1938

**19. FUNERAL DIRECTOR (ADDRESS)** Bergesch Undertaking Co. 3661 Washington Bl.

**20. FILED** JUL 26 1938 J. T. Brudick Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** July 24, 1938

**22. I HEREBY CERTIFY** That I attended deceased from June 15, 1938, to death, 1938.  
 I last saw him alive on July 24, 1938. Death is said to have occurred on the date stated above, at 10:10 P. M.

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

chronic myocarditis  
cerebral hemorrhage

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis? clinical 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?** no  
 If so, specify William H. Grubman M. D.  
 (Signed) William H. Grubman  
 (Address) 2519 N. Jefferson

STATEMENT BY LICENSED EMBALMER

I, Harry O. Bergesch, Licensed Embalmer No. 2606

hereby certify that the body recorded on the reverse side of this certificate was embalmed by: Myself

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed Harry O. Bergesch

Licensed Embalmer No. 2606

**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.)**