

31 1939

AUG 7 1939

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

26904
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784
 (b) Township Carondelet Primary Registration District No. 200
 (c) City Jefferson Barracks (d) Street No. Vet Hosp St.
Unkn. (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.

2. PRINT FULL NAME Lynn E. Givens 152

(a) Residence, No. 3728 Blow Avenue, Saint Louis, st. Missouri.
 (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 (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs. Mildred Givens (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 29, 1896
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 5 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Chiropractor
 9. Industry or business in which work was done, as 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) Bloomington, Illinois
 (STATE OR COUNTRY)

FATHER 13. NAME John Givens

14. BIRTHPLACE (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Minena Mastin

16. BIRTHPLACE (CITY OR TOWN) Nebraska
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Chief Clerk VAF Jefferson Barracks, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Genevieve, Mo DATE 8-1-1939

19. FUNERAL DIRECTOR (NAME) Southern Funeral Home
 (ADDRESS) 6322 S. Grand Blvd

20. FILED JUL 31 1939 T. R. Mays, M.D.P.H.
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1939 to July 29, 1939

I last saw him alive on July 29, 1939. Death is said to have occurred on the date stated above, at 2:20 PM

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

Tuberculosis, pulmonary, active, far-advanced, active (C). Date of onset Unkn.

Other contributory causes of importance: Diabetes Mellitus, mild. Unkn.

Name of operation None Date of July 31, 1939
 What was confirmed diagnosis? and lab 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 Certification

(Signed) C. H. HUGHES, Chief of Med. Off., M. D.
 (Address) VAF Jefferson Barracks, Mo.

K. 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 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~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Virgil L. Berryman
Licensed Embalmer No. 4018
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 this body is not embalmed, above space should be left blank.