

No. 2
-11-10-39
5-17-39
P. 1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

20288

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5236

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Peoples' Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
(Specify whether _____)
In this community Unavailable
years, months or days)

3. (a) PRINT FULL NAME Edward Givens 152

3. (b) If veteran, name war _____ 3. (c) Social Security No. 497-05-7846

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Georgia Givens 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 3, 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>1</u>	<u>10</u>	hr. _____ min.

9. Birthplace Memphis Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Office Porter

11. Industry or business Fisher Body Company

12. Name Jeff Givens

13. Birthplace Unavailable Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Lucy--Unavailable

15. Birthplace Unavailable Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Givens

(b) Address 3946a Fairfax Avenue

17. (a) Burial (b) Date thereof 6/17/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. [Signature]

(b) Address 4107 Finney Avenue

19. (a) JUN 17 1940 (b) J. F. Bredeck
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town Saint Louis 19
(If outside city or town limits write "RURAL")

(d) Street No. 4202 Enright Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th
year 1940 hour 11:50 minute _____ P. A. M.

21. I hereby certify that I attended the deceased from 5-30
1940 to 6-13-1940

that I last saw him alive on 6-13-1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion 15'

Due to Arteriosclerotic changes

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations none

Of autopsy none

Duration
15'
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. J. Vaughan (M. D. or other)

Address 110 North Jefferson Av Date signed _____

STATEMENT BY LICENSED EMBALMER

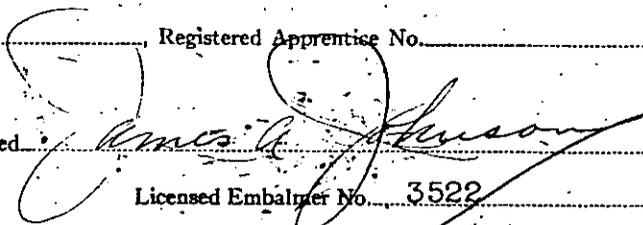
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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.