

FILED NOV 12 1948

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1833 N. 19th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4370 Penrose Ave**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Fred E. Givens**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **490-05-2368**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **1**
year **1948** hour **11:30** minute **00** A. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Leona** 6. (c) Age of husband or wife if alive **43** years
7. Birth date of deceased: **September 13, 1901**
(Month) (Day) (Year)

Immediate cause of death **Strangulation due to hanging when he was found hanging with a rope around his neck attached to a metal pipe**
Due to **inadvertent use of the Mangel Co. 1832 N. 19th St. St. Louis Mo. 11:30 P.M. Nov 1, 1948 about**
Other conditions **Nov 1, 1948 about 1:30 P.M.**

8. AGE: Years **47** Months **1** Days **18**
If less than one day hr. _____ min. _____

Major findings: **1/12/48**
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace: **Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Foreman**

11. Industry or business **The Mangel Co.**
12. Name **John E. Givens Co.**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Annie Peetz**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Leona Givens**
(b) Address **4370 Penrose Ave**
17. (a) **Burial** (b) Date thereof **11-5-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Memorial Park Cemetery**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Suicide**
(b) Date of occurrence **Nov 1, 1948**
(c) Where did injury occur? **St. Louis Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Industrial Place
(Specify type of place)
While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director **Math. Hermann & Son, Inc**
(b) Address **2161 E. Fair Ave**
19. (a) **NOV 3 1948** **J. B. Sauter**
(Date received local registrar) (Registrar's signature)

23. Signature **J. B. Sauter** (M. D. or other)
Address **Capitol Center** Date signed **11/3/48**

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.....
Signed *John W. Nash*

Licensed Embalmer No. *3737*

P. O. Address *773 2161 E. Fair*

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, fact should be so stated above.