

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9987

FILED MAR 29 1952

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State File No. ....

2637

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....		Registrar's No. ....			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East St. Louis		8120			
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				d. STREET ADDRESS (If rural, give location) 1809 Brady Avenue					
3. NAME OF DECEASED (Type or Print) a. (First) HORACE WILLIAM G.		b. (Middle) G.		c. (Last) GIVENS		4. DATE OF DEATH (Month) (Day) (Year) 3 15 52			
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 10-8-1897			
9. AGE (In years last birthday) 54		# UNDER 1 YEAR 5		# UNDER 1 YEAR 7		# UNDER 1 MIN. Hour Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor			10b. KIND OF BUSINESS OR INDUSTRY Aluminum Ore Co.			11. BIRTHPLACE (City and State or Foreign Country) Arkansas			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Jim Givens		13b. MOTHER'S MAIDEN NAME Sophia		14. NAME OF HUSBAND OR WIFE Willie Givens		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W. W. I		16. SOCIAL SECURITY NO. W. W. I		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Willie Givens 1809 Brady					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPERTENSIVE CARDIOVASCULAR DISEASE				ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (b)				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR FH3X							
22. I hereby certify that I attended the deceased from 3/11, 1952, to 3/15, 1952, that I last saw the deceased alive on 3/15, 1952, and that death occurred at 1:00a m., from the causes and on the date stated above.									
23a. SIGNATURE FR Bradley (Degree or title) M.D.				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 3/15/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-24-52		24c. NAME OF CEMETERY OR CREMATORY Jefferson Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson, Baraboo, Mo			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 20 1952 J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C. T. Mash		ADDRESS 3847 Page					

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*C. J. Nash*

Licensed Embalmer No. 9432

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**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.