

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027656

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 2184

AMENDED

FILED AUG 11 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
 a. COUNTY **St. Louis**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Overland** Length of stay in 1b **2 years**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Lackland Nursing Home** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Mo.** b. COUNTY **St. Louis**  
 c. CITY OR TOWN **Overland** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **9561 Lackland Rd.** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **DORA** Middle **GIVANS** Last **GIVANS**  
 4. DATE OF DEATH Month **Aug.** Day **3,** Year **1961**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH **4/7/1872** 9. AGE (last birthday) **89**  
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **House work**  
 10b. KIND OF BUSINESS OR INDUSTRY **Homemaker**  
 11. BIRTHPLACE (City and state or country) **St. Louis Mo.**  
 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Geo. Scully** 13b. MOTHER'S MAIDEN NAME **Henrietta Senyard** 14. NAME OF HUSBAND OR WIFE **John Givans**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**  
 16. SOCIAL SECURITY NO. **None** 17. INFORMANT **Mary Rose Gettinger** Address **8111 Pershing**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Myocarditis (Chronic)**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_ PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) \_\_\_\_\_  
 20c. TIME OF INJURY Hour \_\_\_\_\_ Minute \_\_\_\_\_ Month, Day, Year \_\_\_\_\_  
 20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 20f. CITY, TOWN, OR LOCATION \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

21. I attended the deceased from **Aug 1 - 60** to **Aug 3 - 61** and last saw her **him** alive on **Aug. 1 - 61**  
 Death occurred at **2 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **C. E. Sterling, M.D.** 22b. ADDRESS **8105 Page St Down 30th Mo** 22c. DATE SIGNED **8-3-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **8/5/61** 23c. NAME OF CEMETERY OR CREMATORY **Valhalla Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis County Mo.**

24. FUNERAL DIRECTOR **Cullen Kelly** ADDRESS **7267 Natural Bridge** 25. DATE RECD. BY LOCAL REG. **8-3-61** 26. REGISTRAR'S SIGNATURE **John C. Murphy, M.D.**

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed James A. Lammie

Licensed Embalmer No. 4142

P. O. Address St Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.