

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-048366

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12125** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. <b>FILED JAN 2 1963</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>St. Louis, Missouri</b>		a. STATE <b>Illinois</b>	b. COUNTY <b>St. Clair</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Missouri</b>		c. CITY OR TOWN <b>East St. Louis</b>	
Length of stay in 1b <b>1 Week</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Infirmary</b>		d. STREET ADDRESS (If outside, give location) <b>1518 Central Avenue</b>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <b>MARK</b> Middle <b>CHRISTOPHER</b> Last <b>GIVENS</b>		Month <b>December</b> Day <b>15</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/7/62</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	9. AGE (last birthday) <b>7</b> Months <b>23</b> Days <b>15</b> Hours <b>15</b> Min.
11a. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>ROBERT GIVENS</b>		13b. MOTHER'S MAIDEN NAME <b>ONIE TOWNSEND</b>	
14. NAME OF HUSBAND OR WIFE <b>NONE</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Robert Givens, 1518 Central, Illinois</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Renaturation</b>			
DUE TO (b) <b>Postnatal Trauma (res.)</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>769-5</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY	Hour <b>p.m.</b> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <b>12/7/62</b> to <b>12/15/62</b> and last saw him alive on <b>12/15/62</b> . Death occurred at <b>1518 Central</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>[Signature]</b> (Degree or title)		22b. ADDRESS <b>1518 Broadway</b>	
22c. DATE SIGNED <b>12/17/62</b> (State)			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/19/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Gardens of Memory</b>	23d. LOCATION (City, town, or county) <b>Stokey Township, Illinois</b>
24. GENERAL DIRECTOR <b>[Signature]</b> ADDRESS <b>2114 Missouri Ave. East St. Louis, Ill.</b>		25. DATE RECD. BY LOCAL REG. <b>DEC 18 1962</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>

**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 Marionette Offner

Licensed Embalmer No. 5177

P. O. Address E. H. Land, Ill.

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.