

FILED FEB 25 1941
Registration District No. _____

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4016a Finney Ave. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community Life
years, months or days

3. (a) PRINT FULL NAME Helen Johnson Givens

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clifford Givens

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased March 3rd, 1912
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	28	10	21	hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Private Family

MOTHER FATHER

12. Name Fred Johnson

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

14. Maiden name Madeline Wade

15. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Madeline Brady

(b) Address 4016a Evans Ave.

17. (a) Burial (b) Date thereof 1/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave.

19. (a) JAN 27 1941 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____ 000

(c) City or town St. Louis 11 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4016a Evans Ave. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24th.
year 1941 hour 1:35 minute _____ a. M.

21. I hereby certify that I attended the deceased from _____, 1940 to January 24th, 1941 that I last saw her alive on January 24th, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis Duration 2 months

Due to Pyorrhea Alveolaris

Due to _____

Other conditions no 130/100
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 115

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 J. J. Bredeck (M. D. or other) _____
Address 4270a Finney Ave. 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 James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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.