No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

9218

State File No. 3069

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No.

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: 3103 Lambdin
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3103 Lambdin
(If rural, give location)

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

3. (a) PRINT FULL NAME Clarence Shivers

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Lena Shivers

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Aug. (Month) 8 (Day) 1887 (Year)

8. AGE: Years 54 | Months 7 | Days 24 | If less than one day hr. min.

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

10. Usual occupation Chauffeur-City of St. L.

11. Industry or business San. Div. Dept. S. & S.

MOTHER FATHER

12. Name George Shivers

13. Birthplace ? (City, town, or county) Mo. (State or foreign country)

14. Maiden name Alice Bell

15. Birthplace ? (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Alice Shivers Hutchson

(b) Address 4466 Cook

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/42 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Russell Und., Co.

(b) Address 2732 Pine Street

19. (a) APR 6 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st year 1942 hour minute M.

21. I hereby certify that I attended the deceased from March 31st, 1942 to April 1st, 1942 that I last saw h alive on April 1st, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis

Due to ch. myocarditis

Due to 93

Other conditions (Include pregnancy within 3 months of death) 93

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address 823 N. 16th St. Date signed 4/2/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Joel Russell

Licensed Embalmer No.....4113

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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