S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 4 1947

Registration District No. 3/1

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 26252

Registrar's No. 1563

3

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

1. PLACE OF DEATH:
(a) County ST. LOUIS COUNTY
(b) City or town CLAYTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. LOUIS COUNTY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 DAYS (Specify whether
In this community 15 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS CO. 96
(c) City or town WEBSTER GROVES 7
(If outside city or town limits, write "RURAL")
(d) Street No. 146 SLOCUM 4
(If rural, give location) 1
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ABRAHAM GIVENS
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex MALE 2
5. Color or race COLORED
6. (a) Single, widowed, married, divorced WIDOWED 2
6. (b) Name of husband or wife MATILDA
6. (c) Age of husband or wife if alive years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace PADUCAH (City, town, or county) KENTUCKY (State or foreign country)
10. Usual occupation unknown
11. Industry or business

FATHER
12. Name ABRAHAM GIVENS 1
13. Birthplace PADUCAH (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name NANCY
15. Birthplace PADUCAH (City, town, or county) KENTUCKY (State or foreign country)

16. (a) Informant HELEN WILLIAMS
(b) Address 17 E. LOCKWOOD, WEB. GROVES
17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation St Louis
18. (a) Signature of funeral director W. Rutter
(b) Address 5500 Rutter St.
19. (a) 7-24-47 (Date received local registrar) (b) Cecil A. J. Shaw M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 11
year 1947 hour 11 minute 50 P. M.
21. I hereby certify that I attended the deceased from JUNE 21, 1947 to JULY 11, 1947
that I last saw him alive on JULY 11, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart failure	
Due to Cystic Heart Disease	
Due to Lues 30	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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. Kuhl (M. D. or other) M.D.
Address 601 BRENTWOOD BLVD Date signed 7-14-47

Jefferson City Printing Co.

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.