

S. No. 2
-12-45
5-17-39
PI X47070

FILED DEC 23 1947

Registration District No. _____

Primary Registration District No. **3064**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
15 Darst Rd.
(If not in hospital or institution, write street number or location)

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

In this community 50 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis **96**

(c) City or town Ferguson **1**
(If outside city or town limits, write "RURAL")

(d) Street No. 17 Hereford Ave. **2**
(If rural, give location)

(e) Citizen of foreign country? -- (Yes or No) **0**
If yes, name country. --

3. (a) PRINT FULL NAME Frank R. Givens

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex M. 5. Color or race W

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

6. (b) Name of husband or wife Goldie McCune Givens

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Feb. 6 1985
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>10</u>	<u>5</u>	hr. min.

9. Birthplace Huntington Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Owner of Motor Sales

11. Industry or business Automobile

MOTHER FATHER

12. Name James P. Givens

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

14. Maiden name Anna B. Rheims
(City, town, or county) (State or foreign country)

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

16. (a) Informant Goldie E. Givens

(b) Address Ferguson, Mo.

17. (a) Burial (b) Date thereof 12/15/47.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director White Funeral Home

(b) Address Ferguson, Mo.

19. (a) 12-13-47 (b) Beulah
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
year 1947 hour 5 minute 30 PM

21. I hereby certify that I attended the deceased from 1-12-40 to 12-11-47
that I last saw him alive on 12-11-47
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis - 2 months

Due to Arteriosclerosis **1940**

Due to 93d

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

Major findings: None

Of operations None

Of autopsy None

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)

(c) Means of injury ---

23. Signature Ray Johnson (M. D. or other) **0**

Date signed 12/17/47

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

JAN 22 1948

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 L. S. White

Licensed Embalmer No. 3973

P. O. Address Jerguson, Mo.

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.