FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

20889
State File No.

FILED JUL 3 1948
Registration District No. 318
Primary Registration District No. 1003
Registrar's No. 5684

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2714 Stoddard
(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 095
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2714 Stoddard St 90
(If rural, give location)
(e) Citizen of foreign country? 21 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Givens
3. (b) If veteran, name war World War #1
3. (c) Social Security No. 499.05.8040
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mattie Givens
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Mar (Month) 16 (Day) 1895 (Year)
8. AGE: Years 53 Months 3 Days 5 If less than one day hr. min.
9. Birthplace Greenville (City, town, or county) Miss (State or foreign country)
10. Usual occupation Presser
11. Industry or business
MOTHER FATHER
12. Name John Givens
13. Birthplace Miss (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Miss (City, town, or county) (State or foreign country)
16. (a) Informant Mattie Givens
(b) Address 2714 Stoddard St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director Collins Bros
(b) Address 3644 Finney Ave
19. (a) JUN 24 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 21 year 1948 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from 2/23/46, 19..., to 6-21-48, 19..., that I last saw him alive on 6/21 1948 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Myocardial Chr.
Due to Hypertension
Due to
Other conditions (Include pregnancy within 3 months of death) Mitral Cardiac Valve Disease Regurg
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. J. Bierman M.D. (M. D. or other)
Address 2335 Franklin Date signed 6/22/48

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. Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 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.