

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 6124
Registrar's No. 1135

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOHNS HOSPITAL		d. STREET ADDRESS (If rural, give location) 3665 HUMPHREYS	

3. NAME OF DECEASED (Type or Print)	a. (First) LAURA	b. (Middle) ADAMS	c. (Last) GIVENS	4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 5th, 1951
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DECEMBER 15, 1873	9. AGE (In years, last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 2 WKS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME THOMAS ADAMS	13b. MOTHER'S MAIDEN NAME MARY	14. NAME OF HUSBAND OR WIFE JOSEPH B. GIVENS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. VICTOR A. SPOEHR	ADDRESS CHICAGO, ILLINOIS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <i>Chronic Interstitial Nephritis</i>		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION <i>None</i>	19b. MAJOR FINDINGS OF OPERATION <i>None</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>None</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>5924</i>
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22. I hereby certify that I attended the deceased from *Jan 10th, 1950*, to *Feb 5th, 1951*, that I last saw the deceased alive on *Feb. 4, 1951*, and that death occurred at *6 PM.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Scott Newer, M.D.</i>	(Degree or title)	23b. ADDRESS <i>634 N Grand Blvd.</i>	23c. DATE SIGNED <i>2-5-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE <i>2/6/51</i>	24c. NAME OF CEMETERY OR CREMATORY BELLEFONTAINE CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI
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DATE REC'D BY LOCAL REG. <i>FEB 5 1951</i>	REGISTRAR'S SIGNATURE <i>J. B. Parson</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>C. R. LUPTON & SONS</i>	ADDRESS <i>7233 DELMAR BLVD.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Melvin J. Kemper*

Licensed Embalmer No. *4052*

P. O. Address *St Louis, 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.