

STANDARD CERTIFICATE OF DEATH

State File No. **33751**

FILED SEP 16 1952

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>2266</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GLENDALE</u>		c. LENGTH OF STAY (In this place) <u>5 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glendale</u>		4061	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>63 BERRY ROAD PARK.</u>				d. STREET ADDRESS (If rural, give location) <u>63 Berry Road Park</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>GLENN</u>		b. (Middle) <u>STUART</u>		c. (Last) <u>GIVENS.</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 10, 1911</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Attorney; Mo. Pac. R. R.</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>41</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	
13a. FATHER'S NAME <u>Nick K. Givens</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Webb</u>		14. NAME OF HUSBAND OR WIFE <u>Helena Neff Givens.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-01-6988</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lucy Webb Givens; 5560 Pershing</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rt. Lung Basaloid Island</u> <u>& Metastatic Carcinoma of Brain.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>193X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Dec. 25-1951; Metastatic Carcinoma of Brain.</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)			
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?			
22. I hereby certify that I attended the deceased from <u>Dec. 25, 1951</u> , to <u>Aug. 30, 1952</u> that I last saw the deceased alive on <u>Aug. 27, 1952</u> , and that death occurred at <u>6:45 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Louis J. Antkowiak</u>		23b. ADDRESS <u>M. D. O. 3720 Washington St. St. Louis, Mo.</u>		23c. DATE SIGNED <u>8-30-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 2, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-30-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton & Sons; 7233 Delmar Blvd;</u>			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

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.