

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13461

State File No. ....

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2989**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3642 Connecticut St.</b>		e. STREET ADDRESS (If rural, give location) <b>16 3642 Connecticut St. 21690</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mildred</b>		b. (Middle)	
c. (Last) <b>Givens</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 31, 1954</b>	
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W.</b>	8. DATE OF BIRTH <b>Feb. 22, 1897</b>
9. AGE (In years) (Month) (Day) (Year) <b>57</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>9</b>	IF UNDER 12 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
<b>Chief Clerk, St. Louis Public Library</b>		<b>Public Library</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Paul Bond</b>		13b. MOTHER'S MAIDEN NAME <b>Constance Rozier</b>	
14. NAME OF HUSBAND OR WIFE <b>Mr. Linn Givens</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b></b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mr. George Townsend, 7420 Flora Ave.</b>		ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute cardiac failure</b>  ANTECEDENT CAUSES DUE TO (b) <b>status asthmaticus</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Chronic myocarditis cum Rheumatic Heart disease</b>	
		INTERVAL BETWEEN ONSET AND DEATH <b>5 mo.</b>  <b>8 years.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>241x</b>	
20. AUTOPSY? YES <input 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 <b>October, 1952</b> , to <b>March 31, 1954</b> , that I last saw the deceased alive on <b>March 31, 1954</b> , and that death occurred at <b>1:45 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>George H. Mathias M.D.</b>		23b. ADDRESS <b>3167 50. Grand Blvd.</b>	
23c. DATE SIGNED <b>4/2/54</b>			
24a. BURIAL (REMOVAL) (Specify) <b>Burial</b>		24b. DATE <b>Apr. 3, 1954</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Valle Springs Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Genevieve, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>APR 2 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Donnelly</b>		ADDRESS <b>3840 Lindell Blvd.</b>	

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

(Licensed Embalmer's Statement on Reverse Side)

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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.....  
Signature of Student Embalmer

Signed *Francis Williams*.....

Licensed Embalmer No... *35*.....

P. O. Address... *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.