

Health, Welfare
Public Service

3000
1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29478
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7558**

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, give TOWNSHIP only) OR TOWN ST. LOUIS			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NEW FAITH HOSPITAL		Length of stay in lb 60 yrs.		STREET ADDRESS 4635 KOSSUTH AVE.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FRED Middle J. Last GIVENS				4. DATE OF DEATH Month AUG. Day 11, Year 1957.			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 3, 1883	9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SALESMANAGER		10b. KIND OF BUSINESS OR INDUSTRY BISCUIT CO.	11. BIRTHPLACE (City and state or country) HUNTINGTON, INDIANA.		12. CITIZEN OF WHAT COUNTRY? U S A		
13. FATHER'S NAME JAMES B. GIVENS				14. MOTHER'S MAIDEN NAME ANNA ROEHM			
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. 58-506-859		17. INFORMANT Address Mrs. Dorothy Givens, 4635 Kossuth Ave.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of pancreas with metastases DUE TO (b) Metastases DUE TO (c) 157X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 2-23-49		20f. CITY, TOWN, OR LOCATION 8-11-57		COUNTY STATE	
21. I attended the deceased from 2-23-49 to 8-11-57 and last saw him alive on 8-11-57 Death occurred at 2:25 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Solon P. Harris (Deputy or title) M.D.				22b. ADDRESS 6826 Natural Bridge		22c. DATE SIGNED 8-12-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 8/14/57	23c. NAME OF CEMETERY OR CREMATORY VALHALLA CEMETERY		23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.		
24. FUNERAL DIRECTOR ADDRESS CALVIN F. FEUTZ FUNERAL HOME, INC. 4828 Natural Bridge Bldg., St. Louis, Mo.			25. DATE RECD. BY LOCAL REG. AUG 13 57		26. REGISTRAR'S SIGNATURE J. Carl Smith MD		

(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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John A. M... ..*
Licensed Embalmer No. *418*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.