

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4248 STATE FILE NUMBER

FILED MAY 19 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST LOUIS</u>		c. CITY OR TOWN <u>ST LOUIS</u>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DR. HOMER PHILLIPS</u>		d. STREET ADDRESS (If outside, give location) <u>1350 GLASGOW</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last
MATTIE GIVENS

4. DATE OF DEATH Month Day Year
MAY 1 1961

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>APR. 8 1905</u>	9. AGE (last birthday) <u>56</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY
UNEMPLOYED

11. BIRTHPLACE (City and state or country)
ARKANSAS

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME ALFRED Holloway

13b. MOTHER'S MAIDEN NAME ELLEN WEST.

14. NAME OF HUSBAND OR WIFE
DECEASED

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. NO

17. INFORMANT Address
MELROSE CURTIS THROWER 1350 GLASGOW

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Congestive failure heart.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____

DUE TO (c) 4341

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) 1003 P
Deputy Registrar

22b. ADDRESS 1300 CLARK

22c. DATE SIGNED 5-3-61

23a. BURIAL, CREMATION, REMOVAL (Specify)
REMOVAL

23b. DATE 5/8/61

23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY JEFFERSON BARRACKS, MO.

23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS RELIABLE FUNERAL SVS. 1389 N. UNION

25. DATE RECD. BY LOCAL REG. MAY 4 1961

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFRIDAVIT OF

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 Clarence Crooks

Licensed Embalmer No. 4755

P. O. Address 1389 N UNION

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.