

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-021615

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

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AFFIDAVIT OF

Registration District No. **318** Primary Registration District **1003** Registrar's No. **6103** STATE FILE NUMBER

**FILED JUN 13 1963**

1. PLACE OF DEATH  
 a. COUNTY **ST LOUIS MO**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST LOUIS MO** Length of stay in 1b **5 YRS**  
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **5846 CLEMMONS** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived; if Institution: Residence before admission)  
 a. STATE **Missouri** COUNTY **ST LOUIS MO** Inside Limits Yes  No   
 c. CITY OR TOWN **ST LOUIS MO**  
 d. STREET ADDRESS (If outside, give location) **5846 CLEMMONS** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **ROSIE** Middle **GIVENS** Last **GIVENS** 4. DATE OF DEATH Month **JUNE** Day **6** Year **1963**

5. SEX **FEMALE** 6. COLOR OR RACE **NEGRO** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **FEB 28 1869** 9. AGE (last birthday) **94** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **DOMESTIC** 10b. KIND OF BUSINESS OR INDUSTRY **DOMESTIC** 11. BIRTHPLACE (City and state or country) **FRANKLIN COUNTY MO** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **HENRY GIVENS** 13b. MOTHER'S MAIDEN NAME **UNKNOWN** 14. NAME OF HUSBAND OR WIFE **DECEASED ALBERT GIVENS**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give year or dates of service) **No** 16. SOCIAL SECURITY NO. **No** 17. INFORMANT Address **Ellen Williams 5846 Clemmons**

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Cerebral Thrombosis**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Chronic Brain Syndrome**  
 DUE TO (c) **Cerebral Arteriosclerosis**  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **332x**  
 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 Month, Day, Year a.m. p.m.

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 **January 1961** to **June 6, 1963** and last saw her alive on **June 4, 1963**. Death occurred at **9:10 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree title) **Angelo A. Spens M.D.** 22b. ADDRESS **9313 Manchester Rd** 22c. DATE SIGNED **June 8, 1963**

23a. BURIAL, CREMATION, OR REMOVAL (Specify) **Burial** 23b. DATE **6-10-63** 23c. NAME OF CEMETERY OR CREMATORY **Fatheredicksons** 23d. LOCATION (City, town, or county) (State) **Crestwood Mo**

24. MUNICIPAL DIRECTOR ADDRESS **Charles Jones 27 Euclid** 25. DATE RECD. BY LOCAL REG. **JUN 10 1963** 26. REGISTRAR'S SIGNATURE **Ed Smith. M.D.**

**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

*Andrew P. Justice*

Licensed Embalmer No. 4243

P. O. Address 22 Euclid  
Delton, Ohio

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.