

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19926

Do not use this space.

5065

Registered No.

1. PLACE OF DEATH

- (a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008**
 (c) City St. Louis, (d) Street No. Jewish Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME HERMAN SAMUEL GOVE, 100

- (a) Residence, No. Linn, Missouri St. **KR** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eva H. Gove

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 5 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Director of Medical
 9. Industry or business in which work was done, as saw mill, bank, etc. Licensure for Missouri, M. D.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn MissouriFATHER 13. NAME George J. Gove14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New YorkMOTHER 15. MAIDEN NAME Catherine Thompson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co. Missouri17. INFORMANT (ADDRESS) Mrs. H.S. Gove Linn Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Linn, Missouri DATE June 2nd 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) C. R. Hupton + Sons 4449 Olive St20. FILED JUN 2 1938 J. Predeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 193822. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to June 1, 1938

I last saw him alive on June 1, 1938 Death is said to have occurred on the date stated above, at June 1, 1938 m.

The principal cause of death and related causes of importance were as follows:

June 1 - 38
Coronary Thrombosis 6-1-38
 Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify Hypertension M. D.(Signed) H. S. Gove M. D.
 (Address) 4500 Olive St. Linn, Mo

1500
FO-2757

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,

J. T. Lupton #2122, or by *B. A. Miles*

Registered Apprentice No. *2901*, working under my personal supervision.

Signed *B. A. Miles*

Licensed Embalmer No. *2901*

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 this body is not embalmed, above space should be left blank.