

REC'D FEB 23 1939

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

2744
 Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 421
 (b) Township Joachim Primary Registration District No. 5575 Registered No. 13
 (c) City _____ (d) Street No. _____ 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

160 Thomas Lawrence Govero
 (a) Residence, No. _____ St. (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 Luella Govero

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 8 19

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

12. BIRTHPLACE (CITY OR TOWN) Washington (STATE OR COUNTRY) County, Va

FATHER 13. NAME Frank Govero

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) D

MOTHER 15. MAIDEN NAME Julia Theresa Bone

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) MO

17. INFORMANT Luella Govero (ADDRESS) Festus Mo R# 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Lucas-Ennis DATE January 31, 1939

19. FUNERAL DIRECTOR (NAME) Fink Und. Co. (ADDRESS) Festus, Mo.

20. FILED Jan 31 1939 J. B. Rutledge Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 1939

22. I HEREBY CERTIFY That I attended deceased from Nov 21, 1938 to Jan 28, 1939

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Bronchogenic carcinoma
left lung
 Date of onset _____

Other contributory causes of importance: Metastatic carcinoma
Brain unknown

Name of operation Prognosis Date of _____
 What test confirmed diagnosis? Biopsy Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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? _____

If so, specify _____ (Signed) Henry G. Keith, M. D.

(Address) 395 FESTUS

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, Eleana Province, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Eleana Province

Licensed Embalmer No. 3403

P. O. Address Festus, Mo

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.