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1939 DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40778

Registration District No. 784 — DEC 9 1939

Primary Registration District No. 106

Registrar's No. 1954

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ursuline Academy 800 E. Monroe 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)

In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri 1 (b) County St, Louis

(c) City or town Kirkwood (If outside city or town limits, write "RURAL")

(d) Street No. 800 E. Monroe (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Agnes Norma Govreau (Sister Ruth) 160 230

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Jan. (Month) 21 (Day) 1903 (Year)

8. AGE: Years 36 Months 9 Days 15 If less than one day ____ hr. ____ min.

9. Birthplace San Antonia, Florida 1 (City, town, or county) (State or foreign country)

10. Usual occupation Catholic Nun 0

11. Industry or business 0

FATHER
12. Name Louis G Govreau
13. Birthplace River Aux Vases, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Catherine Hand
15. Birthplace Frankenstein, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ursuline Academy Records

(b) Address 800 E. Monroe Kirkwood Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-39 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem. Kirkwood

18. (a) Signature of funeral director Louis H Boyer

(b) Address 131 W. Argonne Dr Kirkwood Mo

19. (a) NOV 7 1939 (Date received local registrar) (b) A. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6th. year 1939 hour 2 minute 00 A M.

21. I hereby certify that I attended the deceased from May ____, 1938, to Nov. 6, 1939; that I last saw her alive on Nov. 4, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Chronic Interstitial Nephritis	2 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ____

(b) Date of occurrence ____

(c) Where did injury occur? ____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature C. J. Vollmar MD (M. D. or other) 1 MD

Address 55 W. Big Bend Rd. Webster Groves, Mo. Date signed 11/4/39

B.C.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 Louis H Boff, Registered Apprentice No. ..... working under my personal supervision.

Signed Louis H Boff

Licensed Embalmer No. 721

P. O. Address Kirkwood Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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