

Registration District No. 791 Primary Registration District No. _____

1. PLACE OF DEATH: **FILED FEB 17 1940**
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 2125a Benton St.
(d) Length of stay: In hospital or institution 53 years
In this community 53 years

3. (a) PRINT FULL NAME Frank Governale
8. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Marie Governale 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 11, 1870

8. AGE: Years 69 Months 1 Days 10 If less than one day hr. min.

9. Birthplace Sicily, Italy
10. Usual occupation Retired Grocer

11. Industry or business 7
12. Name Ottavio Governale
13. Birthplace Italy
14. Maiden name Vita Unknown
15. Birthplace Italy

16. (a) Informant's own signature Joe Governale
(b) Address 2125a Benton St.
17. (a) Burial (b) Date thereof Jan. 24, 40
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Donniek Nichols
(b) Address 1431 Union Blvd
19. (a) JAN 23 1940 (b) J. D. [Signature]

USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 2125a Benton St.
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 21 year 1940 hour 1. minute 05P. M.
21. I hereby certify that I attended the deceased from October 14, 1939 to January 21, 1940
that I last saw him alive on January 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left lung Duration 6 mo
Due to _____
Due to _____
Other conditions Toxemia and Exanthema
Major findings: Rib retraction & drainage of left chest Oct 17, 1939
Of autopsy none

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury 1
23. Signature Wm. H. Stanton (M. D. or other) _____
Address 634 No. Grand Blvd Date signed 1-22-40

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.

WHILE FILLING IN USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

11-1081

Dr. J. S. Bell

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed L. M. White

Licensed Embalmer No. 3973

P. O. Address.....

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.