

No. 2  
1-4-41  
17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

26597

State File No. ....

SEP 17 1941

1003

Registrar's No. 6389

Registration District No. 791

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether  
In this community Unavailable years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4124a West Belle Pl.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country 0

000  
17  
119

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st  
year 1941 hour 2:00 minute a. M.

21. I hereby certify that I attended the deceased from  
November 10th, 1940 to August 1st, 1941  
that I last saw her alive on July 31st, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Disgerminoma of left ovary  
(malignant)

Duration  
10 mths

Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

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 [Signature] (M. D. or other) [Signature]  
Address 822a N. Jefferson Ave. Date signed.....

3. (a) PRINT FULL NAME Augusta Govahn

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

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

6. (b) Name of husband or wife George Govahn 6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased Unk. 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
Abt. 52 hr. min.

9. Birthplace Brownsville Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Joe Harris

13. Birthplace Brownsville Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Addie

15. Birthplace Brownsville Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant George Govahn

(b) Address 4124a West Belle Pl.

17. (a) Burial (b) Date thereof 8/6/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington M. Cem.

18. (a) Signature of funeral director Chas. J. Bates

(b) Address 4107 Finney Ave.  
19. (a) AUG - 4 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

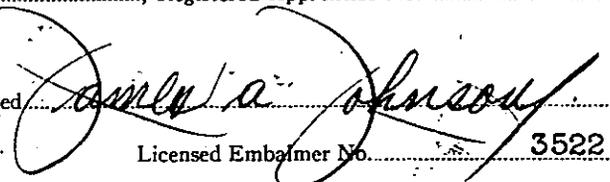
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

**James A. Johnson**

Registered Apprentice No.....

working under my personal supervision.

Signed



Licensed Embalmer No. **3522**

P. O. Address **4107 Finney Ave.**

**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, fact should be so stated above.**