

No. 2  
4-13-40  
-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27058

FILED SEP 17 1941

State File No. \_\_\_\_\_

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6850

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

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:  
5924 Hamilton Terrace /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Josephine Gauvin

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W. E. Gauvin

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased: April 11, 1885.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>4</u>	<u>10</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Frank Burke

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

14. Maiden name Mary Nylan

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

16. (a) Informant W. E. Gauvin

(b) Address 5924 Hamilton Tr.

17. (a) Burial (b) Date thereof Aug. 25/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodisment Ave.

19. (a) AUG 23 1941 (b) J. H. Redeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 5924 Hamilton Terrace  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21  
year 1941 hour 9.20 minute P.M. M.

21. I hereby certify that I attended the deceased from Several  
years 19    , to 8-21- 1941;  
that I last saw her alive on 8-21- 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism Duration \_\_\_\_\_  
Cerebral

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Teaching of life kept  
(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) accident

(b) Date of occurrence 8-24-41 000

(c) Where did injury occur? St. Louis Mo  
(City or town) (County) (State)

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

Place at work? \_\_\_\_\_ (Specify type of place)

23. Signature W. E. Gauvin (M. D. or other) 0

Address 4500 Olive St Date signed 8/24/41

Dr. C.W. Bassett  
Lester Bldg  
To 3800  
an office 9. 12. 11

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: W. W. Wilkins

Licensed Embalmer No. 3575

P. O. Address St. Louis, 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, fact should be so stated above.