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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19595

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5936

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5337 Devonshire Avenue
(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)

2. USUAL RESIDENCE OF DECEASED: 006

(a) State Missouri (b) County 17

(c) City or town St. Louis. 14
(If outside city or town limits, write "RURAL")

(d) Street No. 5337 Devonshire Avenue
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Alvina C. Gougion

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife John Gougion

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased December (Month) 10th (Day) 1862 (Year)

8. AGE: Years 79 Months 7 Days 2 If less than one day hr. min.

9. Birthplace Mascoutah Illinois (City, town, or county) 1 (State or foreign country)

10. Usual occupation House-wife

11. Industry or business At. Home

FATHER
12. Name Charles Hagen
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Caroline Unknown
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Augusta Gougion

(b) Address 5337 Devonshire Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 14th (Day) 1942 (Year)

(c) Place: burial or cremation Mascoutah Illinois Cemetery

18. (a) Signature of funeral director Wm. J. Robert

(b) Address 1905 South Grand Blvd.

19. (a) Feb 13 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th year 1942 hour 5 minute 45 AM.

21. I hereby certify that I attended the deceased from Mar 10 1940, 19 , to 7-12-42, 19 ; that I last saw her alive on 7/12/42, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 2 yrs

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)

Address 4523 S. Kingshighway Date signed 7/13/42

(Licensed Embalmer's Statement on Reverse Side)

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 Howard F. Rowland

Licensed Embalmer No. 3114

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.