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FILED JUN 4 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16134

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4785

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

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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 12 26

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

(d) Street No. 2502a N. 11th St.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Edward Govro Sr.

3. (b) If veteran, name war No.

3. (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 Tate Minnie Govro

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

7. Birth date of deceased January (Month) 13 (Day) 1859 (Year)

8. AGE: Years 84 Months 4 Days 8 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name Geo P. Govro.

FATHER 13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER 14. Maiden name Angeline Maurice

MOTHER 15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs Edward Govro.

(b) Address 2502a N. 11th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director H. Ludwig and Co.

(b) Address 2223 St. Louis Ave.

19. (a) MAY 24 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st, year 1943 hour 11:00 minute A M.

21. I hereby certify that I attended the deceased from May 14th, 1943, to May 21, 1943 that I last saw him alive on May 21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of tongue with metastases

Due to

Due to

Other conditions Arteriosclerotic Heart Disease
(Include pregnancy within 3 months of death)

Senility.

Major findings:
Of operations

Of autopsy

Duration

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Leo J. Wade (M. D. or other)

Address 1515 Lafayette Avenue Date signed 5/21/43

XXX

(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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis 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.