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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28506

FILED SEP 15 1945

Registration District No. 377 Primary Registration District No. 2002 Registrar's No. 2214

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town U. City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7047 Waterman Ave.
(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:

(a) State ~~Missouri~~ Mo ~~Ill~~ (b) County ~~U. City~~ St. Louis
(c) City or town ~~St. Louis~~ U. City
(If outside city or town limits, write "RURAL")
(d) Street No. 7047 Waterman Ave.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Margaret McGovern.
3. (b) If veteran, name war None
3. (c) Social Security No. 486-20-5650
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased April 15 (Month) (Day) 1889 (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	4	24	..... hr. ..... min.

9. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Bookkeeper.
11. Industry or business I. B. C. Root Beer Co.

FATHER
12. Name James McGovern.
13. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Langan
15. Birthplace Indiana. 1
(City, town, or county) (State or foreign country)

16. (a) Informant J. Shucart
(b) Address 7047 Waterman
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 11, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Ronald Nichols
(b) Address 1431 Union Blvd.
19. (a) 9-14-45 (Date received local registrar) (b) E. G. McGovern MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8
year 1945. hour 9 minute 45 p M.
21. I hereby certify that I attended the deceased from Feb. 1944 to Sept. 8, 1945
that I last saw her alive on Sept. 7, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix — Duration 2 yrs.
Due to 48 00
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 O. E. Williamson (M. D. or other)
Address 6336 Clayton Road Date signed 9/10/45

(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.....

Licensed Embalmer No.....

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, fact should be so stated above.