

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 #1.
(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 CLARA GOVIER
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Harry W. Govier
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 27, 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 6 20 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER
12. Name Nicholas Obermeyer
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Barbara Bachmann
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Nicholas Obermeyer
(b) Address 5062 Davison Ave

17. (a) Burial (b) Date thereof 3/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc.
(b) Address 2161 East Fair Ave

19. (a) MAR 20 1947 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4600 W. Rosalie Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 19th
year 1947 hour 6:00 minute A M.

21. I hereby certify that I attended the deceased from 3/18/47
2, 1947, to 3/19/47, 1947
that I last saw h. ER alive on 3/19/47, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 3 days
Due to Nephrosclerosis
Due to _____
Other conditions Cirrhosis - Laennec's 3 years
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy As above
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 0

23. Signature AC Sweet (M. D. or other) _____
Address 1515 Lafayette Date signed 3/19/47

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 *Gustav W. Richter*

Licensed Embalmer No. *4329*

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.