

FILED OCT 3 1949

STANDARD CERTIFICATE OF DEATH

State File No. 31511

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2
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 334

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. GENEVIEVE</u>		
b. CITY OR TOWN <u>BONNE TERRE</u>		c. LENGTH OF STAY (In this place) <u>0</u>	c. CITY OR TOWN <u>RURAL</u>		d. SALINE <u>15</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSP.</u>			d. STREET ADDRESS (If rural, give location) <u>NEAR FARMINGTON</u>		
3. NAME OF DECEASED a. (First) <u>FRED</u> b. (Middle) <u>JOSEPH</u> c. (Last) <u>GOVEREAU.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 18 1949</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT 12 1902</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR: Months <u>0</u> Days <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HIGHWAY EMPLOYEE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RIVER AUX VASES MO</u>		11. BIRTHPLACE (State or foreign country) <u>USA.</u>	
13a. FATHER'S NAME <u>LAWRENCE GOVEREAU</u>		13b. MOTHER'S MAIDEN NAME <u>DELIE GOVEREAU</u>		14. NAME OF HUSBAND OR WIFE <u>RENA RESINGER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>RENA RESINGER</u> ADDRESS <u>FARMINGTON MO</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Hemolytic Anemia</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 weeks</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I, attended the deceased from <u>Sept 2, 1949</u> , to <u>Sept 18, 1949</u> , that I last saw the deceased alive on <u>Sept 15, 1949</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>D. Leo R. Walters M.D.</u> (Degree or title)			23b. ADDRESS <u>Farmington, Mo.</u>		23c. DATE SIGNED <u>9-19-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT 21 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CHESTNUT RIDGE</u>	24d. LOCATION (City, town, or county) (State) <u>NEAR FARMINGTON MO</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 19, 1949</u>		REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hooper</u>	ADDRESS <u>Farmington, Mo.</u>	

RECEIVED 9-26-49

Health Officer No. 4

File Number 949-12

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

Student Embalmer No.

working under my personal supervision.

Student Student Embalmer

Signed C. Hozean

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.