

FILED OCT 6 1949 STANDARD CERTIFICATE OF DEATH

BIRTH NO. 46255-49 REG. DIST. NO. 197 PRIMARY REG. DIST. NO. 2043 Registrar's No. 2158

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo. (Parents)</b> b. COUNTY <b>St. Louis</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Overland</b>   |  |
| c. LENGTH OF STAY (In this place) <b>1 1/2 hrs.</b>   |  | 96   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>                    |  | d. STREET ADDRESS (If rural, give location) <b>19208 St. Kathryn</b>   |  |

|   |            |             |                        |   |
|---|------------|-------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) <b>Baby Boy</b> | a. (First) | b. (Middle) | c. (Last) <b>GOVER</b> | 4. DATE OF DEATH (Month) (Day) (Year) <b>June 30 1949</b> |
|---|------------|-------------|------------------------|---|

|                 |                           |   |                                       |  |
|-----------------|---------------------------|---|---------------------------------------|--|
| 5. SEX <b>M</b> | 6. COLOR OR RACE <b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b> | 8. DATE OF BIRTH <b>June 29, 1949</b> | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 YEAR Hours Min. <b>17</b> |
|-----------------|---------------------------|---|---------------------------------------|--|

|   |   |   |   |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b> | 11. BIRTHPLACE (State or foreign country) <b>Missouri</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |
|---|---|---|---|

|                                     |  |   |
|-------------------------------------|--|---|
| 13a. FATHER'S NAME <b>Wm. Gover</b> | 13b. MOTHER'S MAIDEN NAME <b>Helen Nichols</b> | 14. NAME OF HUSBAND OR WIFE <b>NONE</b> |
|-------------------------------------|--|---|

|  |                                     |  |                        |
|--|-------------------------------------|--|------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b> | 16. SOCIAL SECURITY NO. <b>NONE</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>St. Louis County Hospital</b> | ADDRESS <b>Clayton</b> |
|--|-------------------------------------|--|------------------------|

|   |  |  |  |
|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Non-expansion of lungs</b>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><b>1 1/2 hours</b> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Premature birth</b> |  |  |
|   | DUE TO (c)   |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  | <b>7625</b>  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) | 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 **June 29, 1949**, to **June 30, 1949**, that I last saw the deceased alive on **June 30, 1949** and that death occurred at **2:30 a. m.**, from the causes and on the date stated above.

|  |   |                                |
|--|---|--------------------------------|
| 23a. SIGNATURE <b>R. P. Coble M.D.</b> (Degree or title) | 23b. ADDRESS <b>601 S. Brentwood, Clayton</b> | 23c. DATE SIGNED <b>7-9-49</b> |
|--|---|--------------------------------|

|   |                          |   |  |
|---|--------------------------|---|--|
| 24a. BURIAL (CREMATION) REMOVAL (Specify) | 24b. DATE <b>9-15-49</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>St Louis City</b> | 24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b> |
|---|--------------------------|---|--|

|   |  |  |
|---|--|--|
| DATE REC'D BY LOCAL REG. <b>9-10-49</b> | REGISTRAR'S SIGNATURE <b>[Signature]</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>St Louis City Infirmary</b> |
|---|--|--|

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

96  
233

LAM-7

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**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.....

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.