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OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

33291

State File No.

1003

Registrar's No. 9194

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | |
| c. LENGTH OF STAY (In this place) <u>1 week</u> | | d. STREET ADDRESS (If rural, give location) <u>3926 N. 23rd Street</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian Hospital</u> | | | |

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|--|-----------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> | b. (Middle) <u>J.</u> | c. (Last) <u>GOVIER</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 22, 1953</u> |
|--|-----------------------|-------------------------|--|

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|--------------------|-------------------------------|--|---|---|---|---|
| 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>April 28, 1888</u> | 9. AGE (In years last birthday) <u>65</u> | 10. UNDER 1 YEAR Months _____ Days _____ | 11. UNDER 48 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|--|---|---|---|---|

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|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Machinery</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Pennsylvania</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>William J. Govier</u> | 13b. MOTHER'S MAIDEN NAME <u>Edith Govier</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type, no. or unknown) (If yes, give year or date of service) <u>None</u> | 16. SOCIAL SECURITY NO. <u>489-10-0924</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edith Govier</u> | ADDRESS <u>3926 N. 23rd St.</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral lobar pneumonia</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary sclerosis</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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|---|--|---|
| 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? <u>490x</u> |
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22. I hereby certify that I attended the deceased from 9-15, 1953, to 9-22, 1953, that I last saw the deceased alive on 9-22, 1953, and that death occurred at 10:50A m., from the causes and on the date stated above.

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|---|-------------------|--|------------------------------------|
| 23a. SIGNATURE <u>Frank J. Berwick, M.D.</u> | (Degree or title) | 23b. ADDRESS <u>3409 Union Avenue</u> | 23c. DATE SIGNED <u>9-23-53</u> |
|---|-------------------|--|------------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>9-25-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>SEP 23 1953</u> | REGISTRAR'S SIGNATURE <u>Carl Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Stock Mortuary</u> | ADDRESS <u>2117 E. Grand Blvd</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Fred J. Larmer

Licensed Embalmer No. *4788*

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.