

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-045760**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11976**

STATE FILE NUMBER

**FILED DEC 12 1963**

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MEDICAL CERTIFICATION

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|  |  |   |  |   |  |  |  |  |                                    |   |  |
|--|--|---|--|---|--|--|--|--|------------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>                     |  | Length of stay in lb<br><b>27da</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Ill.</b> b. COUNTY <b>Madison</b> |  | c. CITY OR TOWN <b>Granite City</b>  |                                    | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Louis Childrens Hos.</b>   |  |   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | d. STREET ADDRESS (If outside, give location)<br><b>2433a Rear Adams</b>   |  |  |                                    | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>Joseph - James McGoveran</b>  |  |   |  |   |  | 4. DATE OF DEATH<br>Month Day Year<br><b>12 - 3 - 63</b>   |  |  |                                    |   |  |
| 5. SEX<br><b>Male</b>  |  | 6. COLOR OR RACE<br><b>White</b>  |  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>10-10-63</b>  |  | 9. AGE (last birthday)<br><b>1 1/2</b>   |                                    | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.                              |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>None</b>   |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>none</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>Granite City, Ill.</b>  |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |                                    |   |  |
| 13a. FATHER'S NAME<br><b>Joe James McGoveran</b>   |  |   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Theresa Blwgs</b>   |  |  |  | 14. NAME OF HUSBAND OR WIFE  |                                    |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |  |   |  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT<br>Address<br><b>Lorraine King 500 S. Kingshighway</b>   |  |  |                                    |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>PROBABLE INTRACRANIAL HEMMORRHAGE</b>   |  |   |  |   |  |  |  |  |                                    | INTERVAL BETWEEN ONSET AND DEATH<br><b>Sudden</b>                                     |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>HYDROCEPHALUS</b>  |  |   |  |   |  |  |  |  |                                    | ?   |  |
| DUE TO (c) <b>752x</b>   |  |   |  |   |  |  |  |  |                                    |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |  |   |  |   |  |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                    |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |  |  |  |                                    |   |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year  |  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 20f. CITY, TOWN, OR LOCATION   |  | COUNTY   |                                    | STATE   |  |
| 21. I attended the deceased from <b>11/6/63</b> to <b>12/3/63</b> and last saw her/him alive on <b>12/3/63</b><br>Death occurred at <b>9:00 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |   |  |  |  |  |                                    |   |  |
| 22a. SIGNATURE<br><i>[Signature]</i><br>(Degree or title)  |  |   |  |   |  | 22b. ADDRESS<br><b>500 S. KINGSHIGHWAY</b>   |  |  | 22c. DATE SIGNED<br><b>12/3/63</b> |   |  |
| 23a. BURIAL, CREATION, REMOVAL (Specify)   |  | 23b. DATE<br><b>12-4-63</b>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>St. John's</b>   |  | 23d. LOCATION (City, town, or county) (State)<br><b>Granite City, Ill.</b>   |  |  |                                    |   |  |
| 24. FUNERAL DIRECTOR<br><b>Palper Funeral Home</b>   |  |   |  | ADDRESS<br><b>Granite City, Ill.</b>  |  | 25. DATE RECD. BY LOCAL REG.<br><b>DEC 4 1963</b>  |  | 26. REGISTRAR'S SIGNATURE<br><i>[Signature]</i><br><b>Head M.D.</b>  |                                    |   |  |

PROBABLE INTRACRANIAL MEMORANDUM

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 Not Embalmed. Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Piper Funeral Home  
Henry Piper Al Case  
Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

8/18/51 8/18/51 8/18/51

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.