

DECD JUL 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22433

Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 421
 (b) Township Joachim Primary Registration District No. 5575 Registered No. 44
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 160 Ella Mary Govers

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Govers			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct., 14, 1882			
7. AGE	YEARS 57	MONTHS 7	DAYS 1
		If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife		
	9. Industry or business in which work was done, as saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year) May 15th., 1939		
		11. Total time (years) spent in this occupation Life	
12. BIRTHPLACE (CITY OR TOWN) Potosi (STATE OR COUNTRY) Missouri			
FATHER	13. NAME Benjamin Hunt		
	14. BIRTHPLACE (CITY OR TOWN) Potosi (STATE OR COUNTRY) Missouri		
MOTHER	15. MAIDEN NAME Mary Bone		
	16. BIRTHPLACE (CITY OR TOWN) Potosi (STATE OR COUNTRY) Missouri		
17. INFORMANT Edward Govers (ADDRESS) Festus Missouri			
18. BURIAL, CREMATION, OR REMOVAL PLACE Festus Mo. DATE 8/17/39 , 19...			
19. FUNERAL DIRECTOR (NAME) Duester-Vinyard (ADDRESS) Festus Mo.			
20. FILED <u>6/17</u> 19 <u>39</u> <u>J. E. Rutledge</u> <u>352</u> Local Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 15, 1939**

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1939, to June 15, 1939
 I last saw him alive on June 15, 1939 Death is said to have occurred on the date stated above, at 11:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset

Other contributory causes of importance:

**Chronic myocarditis
Embolus of the coronary artery**

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19...
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify
 (Signed) **Bertalan Belgau**, M. D.
Festus, Mo. (Address)

STATEMENT BY LICENSED EMBALMER

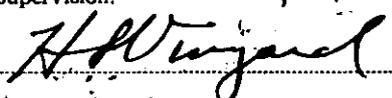
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

H. S. Vinyard

or by

Registered Apprentice No., working under my personal supervision.

Signed



Licensed Embalmer No. 3010

P. O. Address Festus 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, above space should be left blank.

