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FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8865

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2348

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Baptist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 4309 Lafayette Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Laverne Bova

3. (b) If veteran, name war None

3. (c) Social Security No. 488-09-8253

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nick Bova

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased October (Month) 1st (Day) 1915 (Year)

8. AGE: Years 24 Months 5 Days 7 If less than one day hr. min.

9. Birthplace Perryville (City, town, or county) Mo. (State or foreign country) U

10. Usual occupation Salesclerk

11. Industry or business Famous-Barr

FATHER
12. Name George Hagen
13. Birthplace Perryville (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Carrie Porchey
15. Birthplace Perryville (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Nick Bova
(b) Address 4309 Lafayette Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-40 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway

19. (a) MAR 10 1940 (Date received local registrar) (b) J. F. Buchek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th year 1940 hour 5:20 minute P.M. M.

21. I hereby certify that I attended the deceased from Feb. 24, 1940 to Mar. 8, 1940 that I last saw h. alive on Mar. 8, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Staphylococcus Septicemia	13 days
Due to: Furunculosis	24 days
Due to: Lung abscess caused by septicemia	
Other conditions (Include pregnancy within 3 months of death): Acute myocarditis caused by septicemia	

Major findings: Of operations

Of autopsy Lung abscesses Myocarditis acute

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —
While at work? — (Specify type of place) (e) Means of injury —

23. Signature [illegible] (M. D. or other)
Address 1492 Hodiamont Date signed 3/8/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Davis
1492 Hodiamont
ar 11 30

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Reinhold K. Lohmann

Licensed Embalmer No. 3395

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, above space should be left blank.