. No. 2
I—5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 29 1943

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35702

State File No.

Registration District No. 317 Primary Registration District No. 3070 Registrar's No. 2371

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: WEBSTER GROVES-470 E. LOCKWOOD AVE.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County ST. LOUIS 96

(c) City or town WEBSTER GROVES MO. 7
(If outside city or town limits, write "RURAL")

(d) Street No. 470 E. LOCKWOOD AVE. 4
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME SISTER MARY RAYMOND GUBERNATOR

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased DEC. 19, 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	10	12	hr. min.

9. Birthplace BUNKER HILL ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation RELIGIOUS

11. Industry or business

FATHER
12. Name GEORGE EDMUND GUBERNATOR
13. Birthplace HANOVER PENNSYLVANIA
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ANNA MARIE NOEL
15. Birthplace HANOVER PENNSYLVANIA
(City, town, or county) (State or foreign country)

16. (a) Informant SISTER MATTHEW NEARIE
(b) Address 470 E. LOCKWOOD AVE. WEBSTER

17. (a) BURIAL (b) Date thereof 10-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) OCT 23 1943 (b) C. J. McLaran M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 21
year 1943 hour 5 minute 30P. M.

21. I hereby certify that I attended the deceased from May 17-43, 19, to Oct 21, 1943
that I last saw her alive on Oct 21, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis - (myocardial degeneration)	6 mo
Due to: Arteriosclerosis	2 years
~~Due to~~ Hypertrophic osteo arthritis -	5 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 93d

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature H. A. Goodrich (M. D. or other)
Address 17 E Lockwood Date signed 10/23/43

(Licensed Embalmer's Statement on Reverse Side)

17 Nr Lookeck
Lockwood

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.