

No. 2
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5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
SEP 30 1946
FILED 318
REG 9057
Registration District No. _____

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 31771
8101
Registrar's No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis City Hospital - ax C. Starkloff
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ALMA GOVRO

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Francis E. Govro. 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased May 20 1902
(Month) (Day) (Year)

8. AGE: Years 44 Months 3 Days 24 . If less than one day _____ hr. _____ min.

9. Birthplace Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business none

12. Name Quiza Langley

13. Birthplace Tombala Ala.
(City, town, or county) (State or foreign country)

14. Maiden name E. L. Booth

15. Birthplace Meridian Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Pearly Langley
 (b) Address _____

17. (a) Burial (b) Date thereof 9-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Place: burial or cremation Peter's m.

(b) Signature of funeral director Mrs. Lutha Sparks

(b) Address Peter's m.

19. (a) SEP 20 1946 (b) J. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1207 B. 6th St.
Memorial (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14th
 year 1946 hour 2:24 minute P M.

21. I hereby certify that I attended the deceased from 8/26/46
 _____, 1946, to Sept. 14th, 1946
 that I last saw her alive on Sept. 14th, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease
 Duration _____

Due to _____

Due to _____

Other conditions 93
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

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 at work (e) Means of injury fall

23. Signature 1515 Lafayette 9/16/46 or other) _____
 Address _____ Date signed _____

8101

Not embalmed

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.....

Licensed Embalmer No.....

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, fact should be so stated above.