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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 7 1946**  
**318**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35164**  
**9182**  
Registrar's No. \_\_\_\_\_

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Baptist Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME AMELE AUGUST GOVRO  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex Male 11 5. Color of W race Cauc  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Philomine Govro 6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased October 19 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 0 3 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Genevieve, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Lewis Govro  
13. Birthplace St. Genevieve, Mo 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Godair  
15. Birthplace St. Genevieve, Mo 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Philomine Govro

(b) Address Elvins, Missouri

17. (a) Removal (b) Date thereof Oct-22-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francois Memo-Par

18. (a) Signature of funeral director Sparks Funeral Home  
(b) Address 300 Taylor Flat River, MO

19. (a) OCT 28 1946 J. F. Bredeck  
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St Francois 94  
(c) City or town Elvins,  
(If outside city or town limits, write "RURAL") NR 1  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22  
year 1946 hour 8:05 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 10-19-46, 19\_\_\_\_ to 10-22-46, 19\_\_\_\_;  
that I last saw him alive on 10-22-46, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Duration \_\_\_\_\_

Due to Myocarditis, Myocardial Regeneration  
Coronary Occlusion

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN H/S  
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 0

23. Signature H. Anderson (M. D. or other) \_\_\_\_\_  
Address 4932 Holly Court Date signed 10/25/46

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

NOV 29 1946

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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 Murphy L. Sparks  
Licensed Embalmer No. 4236  
P. O. Address Flat River, 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, fact should be so stated above.**