

No. 2
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17-39
X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28542**
Registrar's No. **51**

FILED SEP 11 1948

Registration District No. **219** Primary Registration District No. **4469**

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

1. PLACE OF DEATH:

(a) County St. Genevieve

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

(c) Name of hospital or institution:
County Home 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 years
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME JOSEPH GOURO

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

4. Sex MALE **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 MARCH 15 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>5</u>	<u>10</u>	hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER, FATHER

12. Name Felix Gouros

13. Birthplace St. Genevieve Mo
(City, town, or county) (State or foreign country)

14. Maiden name Annetta Thomme

15. Birthplace St. Genevieve Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs W. E. Childers

(b) Address St. Genevieve Mo

17. (a) Burial (b) Date thereof 8-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Genevieve Mo

18. (a) Signature of funeral director Geo. C. Baker

(b) Address St. Genevieve Mo

19. (a) 8-27-48 (b) Yvonne M. Dahl
(Date received local registrar) (Registrar's signature) 250

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Genevieve

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

(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25
year 1948 hour 12:30 minute 15 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis
(Venous Thrombosis)

Due to _____

Due to _____

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

Major findings: ABW

Of operations: _____

Of autopsy: _____

Duration

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 3

23. Signature Geo. C. Baker (M.D. or other) _____
Address St. Genevieve Mo Date signed 8/26/48

RECEIVED

District Health Officer No. 4
District File Number 948-1152
Date Filed 9-10-48

9-10-48

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 Geo. C. Becker

Licensed Embalmer No. 1975

P. O. Address St. Lawrence 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.