

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19087**

FILED MAY 17 1951

BIRTH NO. _____		REG. DIST. NO. <b>319</b>		PRIMARY REG. DIST. NO. <b>4469</b>		Registrar's No. <b>30</b>	
1. PLACE OF DEATH a. COUNTY <b>Ste. Genevieve</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ste. Genevieve</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Ste. Genevieve</b> )		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ste. Genevieve 0951</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ste. Genevieve, Mo</b>				d. STREET ADDRESS (If rural, give location) <b>Ste. Genevieve, Mo</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ben</b>			b. (Middle) <b>S.</b>		c. (Last) <b>Govreau</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 6 1951</b>
5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan 8, 1881</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>		11. BIRTHPLACE (State or foreign country) <b>River Aux Vases, Mo 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Charles Govreau</b>			13b. MOTHER'S MAIDEN NAME <b>Ellin Henderson</b>		14. NAME OF HUSBAND OR WIFE <b>Julia Schwartz Govreau</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Julia Govreau Ste. Genevieve, Mo</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b> INTERVAL BETWEEN ONSET AND DEATH <b>4 yrs.</b>  II. OTHER SIGNIFICANT CONDITIONS Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>4222</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>June 1, 1947</b> , to <b>May 6, 1951</b> , that I last saw the deceased alive on <b>May 6, 1951</b> , and that death occurred at <b>5:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Arthur E. Sawyer M.D.</b>				23b. ADDRESS <b>Ste. Genevieve Mo</b>		23c. DATE SIGNED <b>5-7-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 9, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Ste. Genevieve Mo</b>		
DATE REC'D BY LOCAL REG. <b>5-10-51</b>		REGISTRAR'S SIGNATURE <b>Gerard M. Ford-Dep.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Jerome H. Staudt</b>		ADDRESS <b>Ste. Genevieve, Mo</b>	

2951  
1

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

MAY 15 1951

RECEIVED

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed *James N. Stamba*  
Licensed Embalmer No..... 3817

P. O. Address Ste. Genevieve, 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.