

FILED AUG 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29005

|   |                               |  |                                      |  |
|---|-------------------------------|--|--------------------------------------|--|
| BIRTH NO.   |                               | REG. DIST. NO. 317   | PRIMARY REG. DIST. NO. 3069          | Registrar's No. 2931   |
| 1. PLACE OF DEATH<br>a. COUNTY <b>ST. LOUIS</b> 4005  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>  |                                      |  |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <b>RICHMOND HEIGHTS</b>  |                               | c. CITY (If outside corporate limits, write RURAL and give township) <b>UNIVERSITY CITY</b> 4256   |                                      |  |
| c. LENGTH OF STAY (In this place) <b>years</b>  |                               | d. STREET ADDRESS (If rural, give location) <b>6920 CORBETT AVE;</b>   |                                      |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>ST. MARYS HOSPITAL</b>  |                               |  |                                      |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>ANNA</b>   |                               | b. (Middle)  |                                      | c. (Last) <b>GOVREAU.</b>  |
| 4. DATE OF DEATH <b>AUG. 16 1951</b>  |                               |  |                                      |  |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>  | 8. DATE OF BIRTH <b>NOV. 13 1886</b> | 9. AGE (In years last birthday) <b>64</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY  |                                      | 11. BIRTHPLACE (State or foreign country) <b>St Louis Mo</b>                             |
| 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |                               |  |                                      |  |
| 13a. FATHER'S NAME <b>Henry Strunk</b>  |                               | 13b. MOTHER'S MAIDEN NAME <b>Annie Jansuchek</b>   |                                      | 14. NAME OF HUSBAND OR WIFE <b>William A. Govreau.</b>                                   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>   |                               | 16. SOCIAL SECURITY NO.  |                                      | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>William A. Govreau., 6920 Corbett Ave.</b>  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                       |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemolytic Anemia</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>none.</b><br>DUE TO (c) <b>2922</b><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>none.</b> |                                      | INTERVAL BETWEEN ONSET AND DEATH <b>One week.</b>  |
| 19a. DATE OF OPERATION  |                               | 19b. MAJOR FINDINGS OF OPERATION   |                                      | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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>8-8, 1951</b> , to <b>8-16, 1951</b> , that I last saw the deceased alive on <b>8-16, 1951</b> , and that death occurred at <b>9 A m.</b> , from the causes and on the date stated above. |                               |  |                                      |  |
| 23a. SIGNATURE <b>Felix J. Pugh, M.D.</b> (Degree or title)   |                               | 23b. ADDRESS <b>730 Hadamant</b>   |                                      | 23c. DATE SIGNED <b>8/17/51</b>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)   |                               | 24b. DATE <b>Aug. 18, 1951</b>   |                                      | 24c. NAME OF CEMETERY OR CREMATORY <b>New Pickers Cem</b>                                |
| 24d. LOCATION (City, town, or county) (State) <b>St Louis Co Mo</b>   |                               |  |                                      |  |
| DATE REC'D BY LOCAL REG. <b>8-17-51</b>   |                               | REGISTRAR'S SIGNATURE <b>Herbert P. Dornke, M.D.</b>   |                                      | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>R. Lupton &amp; Sons; 7233 Delmar Blvd.,</b> |

(Licensed Embalmer's Placement on Reverse Side)

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

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No. 4052

P. O. Address St Louis 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.