

FILED JAN 10 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

42832

State File No.

318

1003

11062

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>2251</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>7 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		D	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Museum Pacific Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>917 No. 12th Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u> b. (Middle) <u>Vernon</u> c. (Last) <u>Chover</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 12 1951</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 5, 1890</u>		9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>7</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>switchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General R.R.</u>		11. BIRTHPLACE (State or foreign country) <u>Mo. O</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Seal Clower</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Lee</u>		14. NAME OF HUSBAND OR WIFE <u>Genevieve</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. (If year of issue was not stated of service) <u>Mo. St. L.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. S. Clower 917 No. 12th Street</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) sitting the underlying cause last. DUE TO (b) <u>Cirrhosis of liver</u> DUE TO (c) <u>myocardial infarction</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>about 1 year</u> <u>about 1 year</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>X A</u>							
19a. DATE OF OPERATION <u>X</u>		19b. MAJOR FINDINGS OF OPERATION <u>X X</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>X</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>3810</u>			
22. I hereby certify that I attended the deceased from <u>Jan 2</u> , 19 <u>51</u> , to <u>Dec 12</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Dec 11</u> , 19 <u>51</u> , and that death occurred at <u>5:40</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or Title) <u>A. M. D.</u>			23b. ADDRESS <u>Museum Pacific Hosp.</u>			23c. DATE SIGNED <u>12-14-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/17/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks Mo.</u>		
DATE REC'D BY LOCAL REG. <u>DEC 14 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. A. Howard 1619 So. Grand</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 20 1952

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed G. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address 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.