

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016391

STATE FILE NUMBER

FILED APR 27 1959

Registration District No.

319

Primary Registration District No.

Registrar's No.

241

1. PLACE OF DEATH a. COUNTY <u>STE Genevieve</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>STE Genevieve</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>STE Genevieve</u>		c. CITY OR TOWN <u>STE Genevieve</u> 0950	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>STAR Rt - 2</u>		Length of stay in lb <u>11 YRS</u>	
		d. STREET ADDRESS (If outside, give location) <u>STAR RT 2</u>	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Edward Henry Govreau</u>			4. DATE OF DEATH Month Day Year <u>April 21, 1959</u>			
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MARCH-31-1889</u>	9. AGE (In years last birthday) <u>70</u>	10. FUNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FACTORY WORKER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SHOE INDUSTRY</u>	11. BIRTHPLACE (City and state or country) <u>RIVER AUX VASES, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>LAWRENCE H GOVREAU</u>	13b. MOTHER'S MAIDEN NAME <u>OPILE WILLIAMS</u>	14. NAME OF HUSBAND OR WIFE <u>ELIZABETH SCHULER</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>492-01-2727</u>	17. INFORMANT <u>Mrs Edward Doureau</u>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Valvular Heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4214</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <u>April 6, 1959</u> to <u>April 21, 1959</u> and last saw him alive on <u>April 21, 1959</u> Death occurred at <u>6:15 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Dr. Lansing M. D.</u>	(Degree or title)	22b. ADDRESS <u>Ste. Genevieve Mo</u>	22c. DATE SIGNED <u>4/24/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>4/24/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Valle Spring</u>	23d. LOCATION (City, town, or county) (State) <u>STE Genevieve MO</u>
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24. FUNERAL DIRECTOR <u>BASLER FUNERAL HOME</u>	ADDRESS <u>STE Genevieve, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>4-22-59</u>	26. REGISTRAR'S SIGNATURE <u>Lucille Basler</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 13 1959

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 .....  
Signature of Student Embalmer

Signed *Adrian J. Eble* .....

Licensed Embalmer No. *4740* .....

P. O. Address *St. Dennis* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.