

MAR 5 - 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City **St. Louis**(No. **746 S. Howstead Ave.**)File No. **8634**Registered No. **2192**

St. ....

Ward)

2. FULL NAME **Fred R. Gould**(a) Residence, No. **746 S. Howstead Ave.** St., **18** Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

**Adelaide Gould**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 26, 1902**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<b>34</b>	<b>2</b>	<b>22</b>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Clerk**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **State License Dep**

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**13. NAME **Daniel Gould**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**15. MAIDEN NAME **Catherine Gruenkomayor**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**17. INFORMANT **Adelaide Gould**  
(ADDRESS) **746 S. Howstead**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Calvary** DATE **2-17** 193719. UNDERTAKER **Friedrichsen Mortuaries**  
(ADDRESS) **1111 N. Grand**

20. FILED

**FEB 19 1937****J. Bredeck**  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

No physician in attendance.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-17** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **10:30 P.M.**

The principal cause of death and related causes of importance were as follows:

Date of onset

**Mitral Regurgitation.**

Other contributory causes of importance:

**Cardiac Hypertrophy.**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **YES**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?  Date of injury....., 19.....Where did injury occur?.....  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... Nature of injury..... 

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) **Alfred J. Perry** M. D.(Address) **1015 Perry Coroner**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Caracas June