

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

City **St. Louis Mo.**

(No. Mo. Baptist Hosp. **1**)

File No. **18095**

Registered No. **4671**

St. Ward

2. FULL NAME William F. Gould

(a) Residence, No. 4432 Washington Blvd. 19 Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mamie L. Gould

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-31-1862

7. AGE YEARS 74 MONTHS 11 DAYS 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. secy. treas.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Donk Bros. Coal Co.

10. Date deceased last worked at this occupation (month and year) 1925 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME Edwin Gould

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Sophia Fischer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown U.S.A.

17. INFORMANT Mamie L. Gould (ADDRESS) 4432 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Mausoleum May 8, 1937

19. UNDERTAKER Alexander & Sons (ADDRESS) 6175 Delmar Blvd.

20. FILED MAY 7 1937 J. Bredeck Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 - 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1936, to May 6 1937

I last saw him alive on May 5 1937. Death is said

to have occurred on the date stated above, at 3:00 a. m.

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

Broncho pneumonia terminal Senile dementia Date of onset 5/1/37

Other contributory causes of importance: None

Name of operation none Date of

What test confirmed diagnosis? exam Was there an autopsy? No

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? No

If so, specify

(Signed) Samuel B Grant M. D.

(Address) 3720 Washington Blvd.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS SHOULD STATE

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3720 Washington Blvd..

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