

OCT 14 1937

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS 791
 CERTIFICATE OF DEATH

33115

Do not use this space.

1008

1. PLACE OF DEATH

(a) County _____ Registration District No. _____
 (b) Township _____ Primary Registration District No. _____ Registered No. **9169**
 (c) City St. Louis (d) Street No. _____ BARNES HOSPITAL St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Fitch Gould William Fitch Gould.

(a) Residence, No. 5539 Cates St. **5** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-29 19375A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Gould.22. I HEREBY CERTIFY, That I attended deceased from 9-3 1937, to 9-29 19376. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 26th 1906.

I last saw him alive on 9-29 1937 Death is said to have occurred on the date stated above, at 10:45 a.m.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
31 1 3

Date of onset

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Reporter.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Lymphosarcoma of Hodgkin's Dis
Primary seat unknown
 Other contributory causes of importance:

About 4/1/37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York,

FATHER 13. NAME James M. Gould.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York,

MOTHER 15. MAIDEN NAME Edna E. Fitzh.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York.

17. INFORMANT Clara Gould, (ADDRESS) 5539 Cates Av.18. BURIAL, CREMATION, OR REMOVAL PLACE Albany N.Y. DATE October 1st 3719. FUNERAL DIRECTOR Ziegenheim Bros (ADDRESS) 2621-83 Cherokee St.20. FILED SEP 30 1937 Local Registrar.Name of operation 53 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) e. d. Smith BARNES HOSPITAL, M. D.
(Address) _____

2222747

STATEMENT BY LICENSED EMBALMER

I, J. A. Ziegenhein, Licensed Embalmer No. 2270.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Juddie A. Ziegenhein

Licensed Embalmer No. 2270.

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.)