OCT 29 1938 DEC'D NOV 4 1938

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

Do not use this space.

36877

1. PLACE OF DEATH
County St. Louis
Township Carondelet
City Koch
Registration District No. 784
Primary Registration District No. 1200
(No. Koch Hospital St. Ward)
File No.
Registered No. 1757

2. FULL NAME 430 Gordon Gould
(a) Residence, No. Orpheum Hotel, St. Louis Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unkn.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11-22-'00
7. AGE: YEARS 37 MONTHS 11 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year): March 1928
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rolla, Mo. 6

FATHER
13. NAME: Samuel Gould 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iberia, Mo.

MOTHER
15. MAIDEN NAME: Jessye Gordon 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rolla, Mo.

17. INFORMANT (ADDRESS): Koch Hospital Records
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles DATE Oct 29 1938
19. UNDERTAKER (ADDRESS): Wacker, Helderle 2331 S. Broadway
20. FILED OCT 29 1938 19 T. R. Meyer M.D. Dep'd Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-26, 1938
22. I HEREBY CERTIFY, That I attended deceased from 4-20, 1938, to 10-26, 1938
I last saw him alive on 10-26, 1938. Death is said to have occurred on the date stated above, at 11:39 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1928
Kidney, Tuberculosis	?

Other contributory causes of importance: 73

Name of operation ..... Date of .....
What test confirmed diagnosis? Sputum 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? No
If so, specify .....
(Signed) Israel Jerome Fauce, M. D.
(Address) Robert Koch Hospital

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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Wacker Hilderle Undertaking Co.

Address 2331 So Broadway.

St. Louis, Mo.

EMBALMER'S CERTIFICATION

This is to certify that I, the undersigned, a licensed embalmer, personally and efficiently embalmed the following described cadaver:

Full name Gordon Gould Race White

Place and date of death Robert Koch Hospital 10/26/37

Physician (or Coroner) signing Certificate Israel J. Flance.

Place and date of Embalming Koch Hospital

Remarks

Signed Frank J. Wyland Missouri License No. 2645