

No. 2
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X26300

FILED SEP 17 1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 17 1941

791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

27216
State File No.
Registrar's No. 7008

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips Co
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 23 days (Specify whether
In this community 11 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Edna Gould
3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race COL 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive NONE years
7. Birth date of deceased APRIL 12 1909
(Month) (Day) (Year)

8. AGE: Years 32 Months 4 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace COLUMBUS / MISS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business _____
12. Name GEORGE GOULD
13. Birthplace COLUMBUS / MISS
(City, town, or county) (State or foreign country)
14. Maiden name Laura Guyton
15. Birthplace COLUMBUS / MISS
(City, town, or county) (State or foreign country)

16. (a) Informant Heart Herreith
(b) Address 2217 Randolph St

17. (a) BURIAL (b) Date thereof 8-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK
Pleasantland Co

18. (a) Signature of funeral director _____
(b) Address 3100 FRANKLIN AVE

19. (a) AUG 29 1941 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County COA
(c) City or town St Louis
(If outside city or town limits, write "RURAL") 1121
(d) Street No. 3328 Delmar
(If rural, give location)
(e) Citizen of foreign country? J (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23
year 1941 hour 10:32 minute _____ P. M.

21. I hereby certify that I attended the deceased from August 1 1941 to August 23 1941
that I last saw her er alive on August 23 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration Probably 3 wks

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. W. Johnson (M. D. or other) O
Address 2601 N. Whittier Date signed 8-26-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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, on

working under my personal supervision.

Signed: *Henry A. Goodie*

Licensed Embalmer No. 3050

P. O. Address: 4237 W. Labach

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 this body is not embalmed, fact should be so stated above.