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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 315  
304  
Registrar's No.

FILED FEB 24 1942

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4534a Clayton Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Sallie Gould

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased November 3, 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 2 7 hr. min.

9. Birthplace St. Louis Mo. D  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired School Teacher

MOTHER FATHER { 11. Industry or business.

12. Name Edwin Gould

13. Birthplace England  
(City, town, or county) (State or foreign country)

14. Maiden name Sobnia Fischer  
(City, town, or county) (State or foreign country)

15. Birthplace St. Louis Mo. D  
(City, town, or county) (State or foreign country)

16. (a) Informant George A. Gould

(b) Address 4534a Clayton Ave.

17. (a) Burial (b) Date thereof (Month) (Day) (Year)  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus Cem.

18. (a) Signature of funeral director Charles J. Cross  
(b) Address 4911 Washington Bl.

19. (a) JAN 11 1942 (b) (Registrar's signature) J. P. Medek

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4534a Clayton Ave. D  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10  
year 1942 hour 3 minute 30 a. m.

21. I hereby certify that I attended the deceased from Jan 15, 1942, to Jan 10, 1942  
that I last saw her alive on Jan 8, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis Duration 6 yr

Due to Senile Changes

Due to None  
Other conditions (Include pregnancy within 3 months of death) None

Major findings: None made  
Of operations None made  
Of autopsy None made

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 Joseph Davis (M. D. or other)  
Address Century Bldg Date signed 1-10-42

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

**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, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Thomas R. Emwick*

Licensed Embalmer No. *3793*

\* P. O. Address *St. Louis, Mo*

**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.**