. S. No. 2
0M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 19 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 301

Registrar's No. 246

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: 2429a S. 2nd St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 923
(If outside city or town limits, write "RURAL")

(d) Street No. 2429a S. 2nd St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Clara Ann Gould

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White /

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased June 21, 1942
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
0	6	17	hr. min.

9. Birthplace Washington Pk. (City, town, or county) Illinois / (State or foreign country)

10. Usual occupation nil

11. Industry or business

FATHER
12. Name Herman Gould
13. Birthplace Wellsville (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Lena Bequette
15. Birthplace Bonne Terre (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Herman Gould
(b) Address 2429 S. 2nd St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 12/43 (Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis, Ill.

18. (a) Signature of funeral director Weick Bros. Und. Co
(b) Address 2201 S. Grand Bl.

19. (a) JAN 10 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan day 8
year 1943 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 6, 19 43 to Jan 8, 19 43; that I last saw her alive on Jan 6, 19 43; and that death occurred on the date and hour stated above.

Immediate cause of death Influential Bronchial Pneumonia — Duration 5 days

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Leroy E. Ellison, M.D. (M. D. or other) M.D.

Address 3616 S. Broadway Date signed 1-9-43

(Licensed Embalmer's Statement on Reverse Side)

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 Nancy A. Olivier

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.