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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

JUN 25 1943

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 1462

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Hospital
(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)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 12

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

(d) Street No. 746 So. Newstead Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Daniel O. Gould

3. (b) If veteran, name war None 3. (c) Social Security No. 489-02-8355

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

6. (b) Name of husband or wife Catherine Gould 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April 9th 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>2</u>	<u>14</u>	hr. _____ min.

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

10. Usual occupation Livestock Buyer

11. Industry or business American Packing Co.

12. Name George J. Gould

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Carroll

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Gould

(b) Address 746 So. Newstead Ave.

17. (a) Burial (b) Date thereof 6-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUN 24 1943 (b) C. D. McParson, MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd
year 1943 hour 3:45 minute A.M.

21. I hereby certify that I attended the deceased from Jan. 8, 1943
to June 23, 1943
that I last saw him alive on June 22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the body of the pancreas
Duration Uncertain

Due to _____
Due to _____

Other conditions 469
(Include pregnancy within 3 months of death)

Major findings: none
Of operations _____
Of autopsy Large carcinoma, midportion of pancreas. No gross metastases.

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? _____

23. Signature Henry P. Oppenheimer, M.D.
Address 3720 Washington Ave. Date signed 6-23-43
(Specify type of place) (e) Means of injury

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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 *Edwin A. Mc Nemett*

Licensed Embalmer No *3024*

P. O. Address.....

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.