

29967

State File No.

8355

Registrar's No.

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 28 1943

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: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
In this community 4 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Connecticut (b) County 991 NR
(c) City or town New London
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Lillian Holmes Gould

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edward M. Gould 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAY 5, 1878
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____
12. Name Daniel Holmes
13. Birthplace Chester County Pa.
(City, town, or county) (State or foreign country)
14. Maiden name Emma Robb
15. Birthplace Chester County Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Holmes
(b) Address 4931 Lindell

17. (a) Burial (b) Date thereof 9-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Wagoner Und. Co.
(b) Address 3621 Olive St

19. (a) SEP 2, 1943 (b) J. H. Bradley
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16 year 1943 hour 3:23 minute _____ A. M.

21. I hereby certify that I attended the deceased from Sept 2, 1943, to Sept 16, 1943; that I last saw him alive on Sept 16, 1943 and that death occurred on the date and hour stated above.
Immediate cause of death _____

Coronary thrombosis
Due to Arteriosclerosis
Hypertension

Other conditions (Include pregnancy within 3 months of death) 94
Major findings: Of operations _____
Of autopsy _____

Duration _____
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) (c) Means of injury _____
23. Signature F. R. Bradley (M. D. or other) _____
Address BARNES HOSPITAL Date signed 9/16/43

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

S. No. 2
M—2-43
5-17-39
X3567

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 *Neville P. Frohwitter*

Licensed Embalmer No. 3696

P. O. Address 3621 Olive 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.