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S. No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

36400
State File No. _____
Registrar's No. 9807

NOV 18 1943
Registration District No. 40

Primary Registration District No. _____

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 Days 0
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Earl Owens Gould
3. (b) If veteran, name war None 3. (c) Social Security No. 405-14-6131

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife A line Ghould 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased December 8 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 38 10 26 hr. _____ min.

9. Birthplace Unavailable Kansas!
(City, town, or county) (State or foreign country)

10. Usual occupation Fireman

11. Industry or business Wabash Railroad

MOTHER FATHER { 12. Name Daniel Ghould
13. Birthplace Unavailable Kansas!
(City, town, or county) (State or foreign country)
14. Maiden name Rachael Barnett
15. Birthplace Unavailable Illinois!
(City, town, or county) (State or foreign country)

16. (a) Informant Aline Ghould

(b) Address Rolla Missouri

17. (a) Burial (b) Date thereof 11-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla, Missouri

18. (a) Signature of funeral director Hoppe Fun. Home

(b) Address 4700 Washington Blvd.

19. (a) NOV 9 1943 (b) J. F. Brudeck
(City, town, or county) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County P helps 0812
(c) City or town Rolla
(If outside city or town limits, write "RURAL") NR.
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6,
year 1943 hour 3:05 minute P. M.
21. I hereby certify that I attended the deceased from October
25, 1943, to November 6, 1943;
that I last saw him alive on November 6, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration _____
Due to _____
Due to Perforated Peptic Ulcer
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations Prof Peptic Ulcer PHYSICIAN _____
Of autopsy Oleum abscess
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) Means of injury _____
23. Signature J. F. Brudeck (M. D. or other) _____
Address 1515 Lafayette Avenue Date 11/8/43

DEC 2 9 1945

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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 *John Agonochi*
Licensed Embalmer No. *3398*

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.