S. No. 2
M—2-43
5-17-39
I X35697

96
2
3

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1944

Registration District No. 3063

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 8257

Registrar's No. 512

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)

In this community 14 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis 96

(c) City or town: Webster Groves 7
(If outside city or town limits, write "RURAL")

(d) Street No.: 115 N. Rock Hill Road
(If rural, give location)

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

If yes, name country: /

3. (a) PRINT FULL NAME: Fred Gould

3. (b) If veteran, name war: --

3. (c) Social Security No.: --

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Emma Gould

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: October 23, 1867 (Month) (Day) (Year)

8. AGE: Years 76 | Months 4 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace: Jonesville (City, town, or county) Michigan (State or foreign country)

10. Usual occupation: None

11. Industry or business: —

FATHER

12. Name: James Gould 4

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

MOTHER

14. Maiden name: Mary J. Glasgow

15. Birthplace: Hillsdate Co. (City, town, or county) Michigan (State or foreign country)

16. (a) Informant: Emma S. Gould

(b) Address: 115 N. Rock Hill Rd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb-27-1944 (Month) (Day) (Year)

(c) Place: burial or cremation: VALHALLA C.F.M.

18. (a) Signature of funeral director: Parker Funeral Co

(b) Address: Webster Groves Mo

19. (a) FEB 28 1944 (Date received by registrar) (b) E. D. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2-25-44 day ____ year ____ hour 12:20 minute ____ A. M.

21. I hereby certify that I attended the deceased from 2-18-44, 19__, to 2-25-44, 19__; that I last saw him alive on 2-25-44, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic heart disease	
decompensation	2 days
~~Due to~~ Diabetes mellitus	20 yrs
Diabetic gangrene of	
~~Due to~~ left foot	3 wks

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

Major findings:
Of operations: none
Of autopsy: none

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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: James G. Owen (M. D. or other)

Address: Co. Hospital Date signed:

(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 C. C. Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Grove

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.