S. No. 2
M—2-43
. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1945

Registration District No. 317

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3070

21229

State File No.

Registrar's No. 1535

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 638 FAIRVIEW AVE.
(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 13 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS
(c) City or town WEBSTER GROVES.
(If outside city or town limits, write "RURAL")
(d) Street No. 638 FAIRVIEW AVE.
(If rural, give location)
(e) Citizen of foreign country? NO! (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME IONA GREGORY GOOLD
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife ROBERT J. GOOLD
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased NOVEMBER 2 1861 (Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 7 If less than one day — hr. — min.

9. Birthplace STEWARDSON ILLINOIS! (City, town, or county) (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business —
12. FATHER Name UNKNOWN LEADER
13. FATHER Birthplace UNKNOWN ILLINOIS! (City, town, or county) (State or foreign country)
14. MOTHER Maiden name HARRIETT COX
15. MOTHER Birthplace UNKNOWN ILLINOIS! (City, town, or county) (State or foreign country)
16. (a) Informant Gertrude G. Richardson
(b) Address 638 FAIRVIEW AVE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 11 1945 (Month) (Day) (Year)
(c) Place: burial or cremation ST. PETERS CEM.
18. (a) Signature of funeral director Parker and Co
(b) Address WEBSTER GROVES, MO.
19. (a) JUN 12 1945 (Date received local registrar) (b) E. G. McPherson MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day Thirty year 1945 hour 3:45 minute a M.
21. I hereby certify that I attended the deceased from Jan 2nd 1945 to June 9 1945 that I last saw him alive on June 8 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	18 hrs
Due to arteriosclerosis	2 yrs
Due to 94a	
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:
(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 Arthur W. Westray (M. D. or other)
Address Webster Groves Mo Date signed 6-9-40

(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 Leslie Walsh

Licensed Embalmer No. 4395

P. O. Address Webster Groves Mo

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.