

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

8434

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. 5910 Washington).....  
St. .... Ward)

File No.....  
Registered No. 2097  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 5910 Washington St. 5 Ward.  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**4 MEDICAL CERTIFICATE OF DEATH**

3. SEX Female | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 13 19 29

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Fred J. Gould.

17. I HEREBY CERTIFY That I attended deceased from March, 1928 to Feb 13, 1929  
that I last saw h. O. A. alive on Feb 12, 1929, and that death occurred, on the date stated above, at 9 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 22 1877

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
51 | 6 | 21

Carcinoma left breast  
50  
47 1/2 (duration) yrs. mos. ds.  
4 1/2 Metastasis (lungs & liver)  
CONTRIBUTORY (SECONDARY) Liver  
(duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

18. WHETHER DISEASE CONTRACTED  
4 NO PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH? yes DATE OF July 1928  
WAS THERE AN AUTOPSY? no

9. BIRTHPLACE (CITY OR TOWN) Kenosha  
(STATE OR COUNTRY) Wisconsin

10. NAME OF FATHER James Rice

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wis  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kenosha  
(STATE OR COUNTRY)

WHAT TEST CONFIRMED? Pathologist Laboratory Epau  
(Signed) Paul Viengard, M. D.  
, 19 University Club Bldg - St Louis

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Fred J. Gould  
(Address) 5920 Washington

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Cemetery DATE OF BURIAL Feb. 15 1929

15. FILED FEB 11 1929 Miss E. St. Orloff  
REGISTRAR

20. UNDERTAKER Elmer Shepard ADDRESS 167 Hamilton

CRUISE OF DEATH IN human terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

235  
2  
2  
2

Paul Vinyard Mr. Thoden & Coats  
wrecked building  
Jeff 5760.