

OCT 12 1938

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

30553  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1008**  
(c) City St. Louis (d) Street No. St. Lukes Hospital Registered No. **7990**  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lydia G. Gould

(a) Residence, No. 275 N. Union St. **12** (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edwin John Gould.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1st. 1868.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
69 10 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ....  
9. Industry or business in which work was done, as saw mill, bank, etc. At Home  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) St. Louis.  
(STATE OR COUNTRY) Missouri.

FATHER 13. NAME Arnold P. Roetter.  
14. BIRTHPLACE (CITY OR TOWN) Switzerland.  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Elizabeth Schmidt.  
16. BIRTHPLACE (CITY OR TOWN) Germany.  
(STATE OR COUNTRY)

17. INFORMANT Elizabeth B. Nash.  
(ADDRESS) 6125 McPherson.

18. BURIAL, CREMATION, OR REMOVAL  
PLACED Bellefontaine Cem. DATE Sept. 10th, 38

19. FUNERAL DIRECTOR (NAME) C. V. Lupton & Sons  
(ADDRESS) 7733 Delmar Blvd.

20. FILED SEP - 9 1938 J. D. ... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8<sup>th</sup> 1938

22. I HEREBY CERTIFY, That I attended deceased from

..... 1938 to Sept. 8, 1938  
I last saw her alive on Sept. 7, 1938 Death is said to have occurred on the date stated above, at 7:55 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma - Ovary - Right Date of onset 1936

Other contributory causes of importance:  
Carcinoma - Hands - neck 1937  
and axilla - Left  
Carcinoma - Breast

Name of operation Prospecy Date of 1939  
What test confirmed diagnosis? sections Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....  
(Signed) Emar R. Fern M. D.  
(Address) 2720 Washington

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

3120 Washington Ter  
DC 9457

St. J. ...

**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 Bradford A. Miles

Registered Apprentice No. ...., working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address 7233 Delwood

**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, above space should be left blank.**