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STATE OF MICHIGAN  
DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER \_\_\_\_\_

0583458

CERTIFICATE OF DEATH

DECEDENT NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)	
1		Paul	E.	Gould Sr.	2 Male	April 3, 1986	
RACE (Specify)		AGE - Last Birthday (Yrs.)	UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Mo., Day, Yr.)
4 White		5a 65	MOS	DAYS	HOURS	MINS	COUNTY OF DEATH
LOCATION OF DEATH (Check one and specify)		<input checked="" type="checkbox"/> INSIDE CITY LIMITS OF Hastings			<input type="checkbox"/> HOSPITAL OR OTHER INSTITUTION - Name (if not in other, give street and number)		
7b		<input type="checkbox"/> INSIDE VILLAGE LIMITS OF			7c Pennock Hospital		
STATE OF BIRTH (If not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY		MARRIED NEVER MARRIED WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)	
8 Illinois		9 U.S.A.		10 Married		11 Dorothy J. Doyle	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			KIND OF BUSINESS OR INDUSTRY		
13 348-16-8165		14a General Foreman			14b Industrial Equipment Mfg.		
CURRENT RESIDENCE - STATE		COUNTY		LOCALITY (Check one and specify)		STREET AND NUMBER	
15a Michigan		15b Barry		15c Woodland <input checked="" type="checkbox"/> TWP OF		15d 9735 Coats Grove Rd.	
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME		FIRST MIDDLE LAST
16 Henry		Irvin	Gould		17 Anna		Hawkins
INFORMANT		MAILING ADDRESS			STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP		
18a (Signature) Dorothy J. Gould		18b 9735 Coats Grove Rd., Woodland, Michigan 48897					
19 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		PART I					
(a) CARDIOPULMONARY Arrest		Interval between onset and death Unknown					
(b) Acute Cardiac Arrhythmia $\frac{V/S}{E}$		Interval between onset and death					
(c) Acute Myocardial Infarction		Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No)			
ASHD, COPD		20 NO		21 Yes			
PLACE OF DEATH (Home, Nursing Home, Hospital, etc. (Specify))		# HOSP. OR INST., indicate DOA OF Limer. (Inpatient) (Specify)		24a <input type="checkbox"/> This case reviewed and determined not to be a medical examiner's case			
22a Hospital		22b Emerg. Rm.		24b <input checked="" type="checkbox"/> On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the causes stated			
23a To the best of my knowledge death occurred at the time, date and place and due to the causes stated		(Signature and Title)		(Signature and Title)		DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH	
23b		DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)		24c April 3, 1986 4:30 PM	
23c		HOUR OF DEATH		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
23d		23d Dr. T. Myers		24d ON April 3, 1986		24e AT 4:30 PM	
NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type or Print)		25 Brian W. Swartz M.D. 1009 W. Green St., Hastings					
ACC. SUICIDE, HOMICIDE, OR PENDING INVESTIGATION (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
26a NATURAL		26b		26c		26d	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. NO. CITY, VILLAGE OR TOWNSHIP STATE	
26e		26f		26g			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY - NAME			LOCATION CITY, VILLAGE OR TOWNSHIP STATE		
27a Burial		27b Woodland Memorial Park			27c Woodland Twp., Barry Co., Mi		
DATE (Mo., Day, Yr.)		NAME OF FACILITY			ADDRESS OF FACILITY		
27d April 7, 1986		28a Barker-Leik Funeral Home			28b Mulliken, Michigan 48861		
FUNERAL SERVICE LICENSEE (Signature)		REGISTRAR (Signature)		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			
28c Ronald H. Leik		29a Helma Nejerman, Dep.		29b April 8, 1986			

DECEDENT  
IF DEATH OCCURRED IN INSTITUTION SEE MANUAL REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

CERTIFIER

DISPOSITION

B-36a  
6/82

STATE OF MICHIGAN )  
COUNTY OF BARRY )

I, Norval E. Thaler, Clerk of the County of Barry and of the Circuit Court thereof, the same being the Court of Record having a Seal, do hereby certify that the above is a true and correct copy of the record thereof, on file in my office. Signed and sealed at Hastings, Michigan.

This... 8<sup>th</sup> ... day of... April ... 1986

By: Helma Nejerman Deputy Clerk  
NORVAL E. THALER, COUNTY CLERK

# Army of the United States



## Honorable Discharge

*This is to certify that*

PAUL E GOULD

36985406 PFC CO H 338TH INF

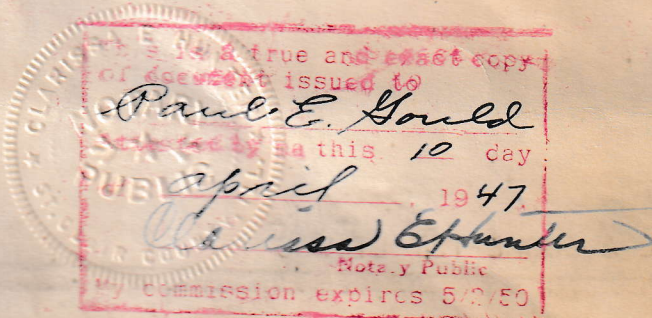
Army of the United States

*is hereby Honorably Discharged from the military service of the United States of America.*

*This certificate is awarded as a testimonial of Honest and Faithful Service to this country.*

*Given at* SEPARATION CENTER  
CAMP GRANT ILLINOIS

*Date* 24 NOVEMBER 1945



*Chester A. Smith*  
CHESTER A SMITH  
MAJOR AC

ENLISTED RECORD AND REPORT OF SEPARATION

HONORABLE DISCHARGE

1. LAST NAME - FIRST NAME - MIDDLE INITIAL GOULD PAUL E		2. ARMY SERIAL NO. 36 985 406	3. GRADE PFC	4. ARM OR SERVICE INF	5. COMPONENT AUS
6. ORGANIZATION CO H 338TH INFANTRY		7. DATE OF SEPARATION 24 NOV 45	8. PLACE OF SEPARATION SEPARATION CENTER CAMP GRANT ILLINOIS		
9. PERMANENT ADDRESS FOR MAILING PURPOSES 858TH N 51ST ST EAST ST LOUIS ILL		10. DATE OF BIRTH 20 JUNE 1920	11. PLACE OF BIRTH E ST LOUIS ILLINOIS		
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT SEE 9		13. EYES HAZEL	14. COLOR HAIR BROWN	15. HEIGHT 5 6 1/2	16. WEIGHT 150 lbs.
17. RACE WHITE <input checked="" type="checkbox"/>	18. MARITAL STATUS SINGLE <input checked="" type="checkbox"/>	19. U.S. CITIZEN YES <input checked="" type="checkbox"/>	20. CIVILIAN OCCUPATION AND NO. TRUCK DRIVER HEAVY 7-36 250		

MILITARY HISTORY

21. DATE OF INDUCTION 8 JUN 44	22. PLACE OF ENLISTMENT E ST LOUIS ILL	23. DATE OF ENTRY INTO ACTIVE SERVICE 8 JUN 44	24. PLACE OF ENTRY INTO SERVICE FT SHERIDAN ILLINOIS
25. MILITARY OCCUPATIONAL SEPARATION AND NO. GUNNER H M 3 605		26. MILITARY QUALIFICATION AND DATE COMBAT INFANTRYMAN BADGE SS W/ HMG MM W/	
27. BATTLES AND CAMPAIGNS NO APPENNINES PO VALLEY			

28. DECORATIONS AND CITATIONS  
2 OVERSEAS SERVICE BARS EUROPEAN AFRICAN MIDDLE EASTERN  
THEATER RIBBON W/ 2 BRONZE BATTLE STARS GOOD CONDUCT MEDAL WORLD WAR II  
VICTORY MEDAL

29. AWARDS RECEIVED IN ACTION  
NONE

30. LATEST IMMUNIZATION DATES		31. SERVICE OUTSIDE DOMESTIAL U.S. AND RETURN	
TYPHOID JUL 45	STIM JUL 45	STIM AUG 44	OTHER (Specify) NONE
32. TOTAL LENGTH OF SERVICE		33. HIGHEST GRADE HELD PFC	34. DATE OF DEPARTURE 13 NOV 44
35. DOMESTIC SERVICE		36. DESTINATION ETO	37. DATE OF ARRIVAL 26 NOV 44
YEARS MONTHS DAYS 0 5 9	38. FOREIGN SERVICE YEARS MONTHS DAYS 1 0 8	39. SERVICE OUTSIDE DOMESTIAL U.S. AND RETURN USA	40. DATE OF ARRIVAL 20 NOV 45

41. BASIS AND AUTHORITY FOR SEPARATION  
CONVN OF GOVT RR 1-1 (DEMOBILIZATION) AR 615-365 DATED 15 DEC 44

42. SERVICE RECORD ATTACHED  
NONE

43. EDUCATION (Years)  
7

44. LENGTH OF TIME ON PAY  
5 17 300 100

45. MONTHLY PAY  
TOTAL 18.45

46. TRAVEL PAY  
185.98

47. TOTAL LENGTH OF SERVICE  
G F DOLBEAR CAPT ED

48. KIND OF INSURANCE  
X

49. HOW PAID  
X

50. Effective Date of Allowment Discontinuance  
30 NOV 45

51. Date of Next Premium Due (One month after 30)  
31 DEC 45

52. PREMIUM DUE EACH MONTH  
6.70

53. INTENTION OF VETERAN TO  
X

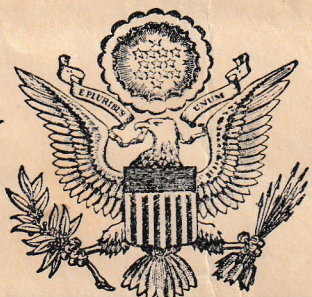
54. SIGNATURE OF PERSON BEING SEPARATED  
*Paul E. Gould*

55. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directions)  
LAPEL BUTTON ISSUED  
ASR SCORE (2 SEP 45) 71

56. SIGNATURE OF PERSON ISSUING AND TITLE  
*Isabel A. Boone*  
ISABEL A. BOONE 1ST LT WAC



# Army of the United States



## SEPARATION QUALIFICATION RECORD

SAVE THIS FORM. IT WILL NOT BE REPLACED IF LOST

This record of job assignments and special training received in the Army is furnished to the soldier when he leaves the service. In its preparation, information is taken from available Army records and supplemented by personal interview. The information about civilian education and work experience is based on the individual's own statements. The veteran may present this document to former employers, prospective employers, representatives of schools or colleges, or use it in any other way that may prove beneficial to him.

1. LAST NAME—FIRST NAME—MIDDLE INITIAL  Gould, Paul E.			MILITARY OCCUPATIONAL ASSIGNMENTS		
2. ARMY SERIAL NO.  36985406	3. GRADE  Pfc	4. SOCIAL SECURITY NO.  unknown	10. MONTHS  4 9 1 3	11. GRADE  Pvt Pvt Pvt Pfc	12. MILITARY OCCUPATIONAL SPECIALTY  Basic 521 Gunner Heavy MG 605 Ammunition Bearer 607 Truck Driver, L 345
5. PERMANENT MAILING ADDRESS (Street, City, County, State) 858 N. 51st St. East St. Louis, Ill					
6. DATE OF ENTRY INTO ACTIVE SERVICE  8 Jun 44	7. DATE OF SEPARATION  24 Nov 45	8. DATE OF BIRTH  29 Jun 20			
9. PLACE OF SEPARATION  Sep Ctr Cp Grant, Ill.					

### SUMMARY OF MILITARY OCCUPATIONS

13. TITLE—DESCRIPTION—RELATED CIVILIAN OCCUPATION

**Gunner, Hvy MG 605--**

Loaded, aimed, cleaned, and fired heavy machine gun to provide indirect fire against enemy positions and aircraft. Estimated range and adjusted sight. Acquainted with other weapons such as grenades and side arms and has knowledge of compass and map reading. Performed these duties in all types of weather under combat conditions.

**Truck Driver, Light 345--**

Drove ½ Ton, ¾ Ton, 1½ ton, and 2½ ton Army vehicles over all types of terrain, both day and night driving. Made general repairs and operational precautions.

MILITARY EDUCATION

14. NAME OR TYPE OF SCHOOL—COURSE OR CURRICULUM—DURATION—DESCRIPTION

CIVILIAN EDUCATION

15. HIGHEST GRADE COMPLETED 7	16. DEGREES OR DIPLOMAS	17. YEAR LEFT SCHOOL 1935	OTHER TRAINING OR SCHOOLING	
18. NAME AND ADDRESS OF LAST SCHOOL ATTENDED Morrison Grade Sch E St. Louis, Ill			20. COURSE—NAME AND ADDRESS OF SCHOOL—DATE	21. DURATION
19. MAJOR COURSES OF STUDY General				

CIVILIAN OCCUPATIONS

22. TITLE—NAME AND ADDRESS OF EMPLOYER—INCLUSIVE DATES—DESCRIPTION

Truck Driver, Heavy 7-36.250

Drove a 5 ton truck for Helfrich Coal Co, East St. Louis, Ill, for 4 years. Hauled coal (16 Ton load) both short distances and up to 40 miles. Has had experience driving a semitrailer. Averaged 700 miles a week while driving truck. Made minor operational repairs while on the road.

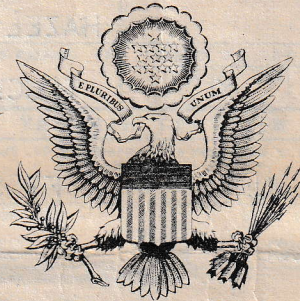
ADDITIONAL INFORMATION

23. REMARKS

This name coincides with that of the person who was separated from the service during the war.

24. SIGNATURE OF PERSON BEING SEPARATED <i>Paul E. Gauld</i>	25. SIGNATURE OF SEPARATION CLASSIFICATION OFFICER <i>Clyde W. Mills</i>	26. NAME OF OFFICER (Typed or Stamped) CLYDE W. MILLS, CAPT AC
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# Army of the United States



## Honorable Discharge

*This is to certify that*

PAUL E GOULD

36985406 PFC CO H 338TH INF

**Army of the United States**

*is hereby Honorably Discharged from the military service of the United States of America.*

*This certificate is awarded as a testimonial of Honest and Faithful Service to this country.*

*Given at* SEPARATION CENTER  
CAMP GRANT ILLINOIS

*Date* 24 NOVEMBER 1945

*Chester A Smith*

CHESTER A SMITH  
MAJOR AC

**HONORABLE DISCHARGE**

1. LAST NAME - FIRST NAME - MIDDLE INITIAL <b>GOULD PAUL E</b>		2. ARMY SERIAL NO. <b>36 985 406</b>	3. GRADE <b>PFC</b>	4. ARM OR SERVICE <b>INF</b>	5. COMPONENT <b>AUS</b>
6. ORGANIZATION <b>CO H 338TH INFANTRY</b>		7. DATE OF SEPARATION <b>24 NOV 45</b>	8. PLACE OF SEPARATION <b>SEPARATION CENTER CAMP GRANT ILLINOIS</b>		
9. PERMANENT ADDRESS FOR MAILING PURPOSES <b>858TH N 51ST ST EAST ST LOUIS ILL</b>		10. DATE OF BIRTH <b>20 JUNE 1920</b>	11. PLACE OF BIRTH <b>E ST LOUIS ILLINOIS</b>		
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT <b>SEE 9</b>		13. COLOR EYES <b>HAZEL</b>	14. COLOR HAIR <b>BROWN</b>	15. HEIGHT <b>5 6 1/2</b>	16. WEIGHT <b>150 lbs.</b>
17. NO. DEPEND. <b>4</b>	18. RACE <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> NEGRO <input type="checkbox"/> OTHER (specify)	19. MARITAL STATUS <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> OTHER (specify)	20. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		21. CIVILIAN OCCUPATION AND NO. <b>TRUCK DRIVER HEAVY 7-36 250</b>

**MILITARY HISTORY**

22. DATE OF INDUCTION <b>8 JUN 44</b>	23. DATE OF ENLISTMENT <b>8 JUN 44</b>	24. DATE OF ENTRY INTO ACTIVE SERVICE <b>8 JUN 44</b>	25. PLACE OF ENTRY INTO SERVICE <b>FT SHERIDAN ILLINOIS</b>			
SELECTIVE SERVICE DATA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	26. REGISTERED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	27. LOCAL S.S. BOARD NO. <b>3</b>	28. COUNTY AND STATE <b>E ST LOUIS ILL</b>		29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE <b>SEE 9</b>	
30. MILITARY OCCUPATIONAL SPECIALTY AND NO. <b>GUNNER H M G 605</b>		31. MILITARY QUALIFICATION AND DATE (i.e., Infantry, Aviation, etc.) <b>30 CAL HMG AND RIFLE COMBAT INFANTRYMAN BADGE SS W/ HMG MM W/</b>				
32. BATTLES AND CAMPAIGNS <b>NO APPENNINES PO VALLEY</b>						
33. DECORATIONS AND CITATIONS <b>2 OVERSEAS SERVICE BARS EUROPEAN AFRICAN MIDDLE EASTERN THEATER RIBBON W/ 2 BRONZE BATTLE STARS GOOD CONDUCT MEDAL WORLD WAR II VICTORY MEDAL</b>						
34. WOUNDS RECEIVED IN ACTION <b>NONE</b>						
35. LATEST IMMUNIZATION DATES			36. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN			
SMALL POX <b>IMM JUL 45</b>	TYPHOID <b>STIM JUL 45</b>	TETANUS <b>STIM AUG 44</b>	OTHER (specify)	DATE OF DEPARTURE <b>13 NOV 44</b>	DESTINATION <b>ETO</b>	
37. TOTAL LENGTH OF SERVICE			38. HIGHEST GRADE HELD <b>PFC</b>	DATE OF DEPARTURE <b>9 NOV 45</b>	DESTINATION <b>USA</b>	
CONTINENTAL SERVICE		FOREIGN SERVICE				DATE OF ARRIVAL <b>26 NOV 44</b>
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS	
<b>0</b>	<b>5</b>	<b>9</b>	<b>1</b>	<b>0</b>	<b>8</b>	
39. PRIOR SERVICE <b>NONE</b>						
40. REASON AND AUTHORITY FOR SEPARATION <b>CONVN OF GOVT RR 1-1 (DEMOBILIZATION) AR 615-365 DATED 15 DEC 44</b>						
41. SERVICE SCHOOLS ATTENDED <b>NONE</b>				42. EDUCATION (Years)		
				GRAMMAR <b>7</b>	HIGH SCHOOL <b>0</b>	COLLEGE <b>0</b>


**PAY DATA 15173**

43. LONGEVITY FOR PAY PURPOSES	44. MUSTERING OUT PAY	45. SOLDIER DEPOSITS	46. TRAVEL PAY	47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER	
YEARS MONTHS DAYS <b>1 5 17</b>	TOTAL THIS PAYMENT <b>\$ 300 \$ 100</b>	<b>NONE</b>	<b>\$ 18.45</b>	<b>185.98 G F DOLBEAR CAPT FD</b>	

**INSURANCE NOTICE**

**IMPORTANT** IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.

48. KIND OF INSURANCE <input checked="" type="checkbox"/> Nat. Serv. <input type="checkbox"/> U.S. Govt. <input type="checkbox"/> None	49. HOW PAID <input checked="" type="checkbox"/> Allotment <input type="checkbox"/> Direct to V. A.	50. Effective Date of Allotment Discontinuance <b>30 NOV 45</b>	51. Date of Next Premium Due (One month after 50) <b>31 DEC 45</b>	52. PREMIUM DUE EACH MONTH <b>\$ 6.70</b>	53. INTENTION OF VETERAN TO <input checked="" type="checkbox"/> Continue <input type="checkbox"/> Continue Only <input type="checkbox"/> Discontinue
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54.  RIGHT THUMB PRINT	55. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives) <b>LAPEL BUTTON ISSUED ASR SCORE (2 SEP 45) 71</b>
	56. SIGNATURE OF PERSON BEING SEPARATED <i>Paul E. Gould</i>
57. PERSONNEL OFFICER (Type name, grade and organization - signature) <i>Isabel A. Boone</i> <b>ISABEL A BOONE 1ST LT WAC</b>	



**The**  
**Infantry Replacement**  
**Training Center**  
**Camp Blanding, Florida**



*This is to Certify that*

Pvt. Gould, Paul E.

Co. "F" 214th ITB

*has satisfactorily completed the*

**Seventeen Weeks Schedule**  
*of Training*

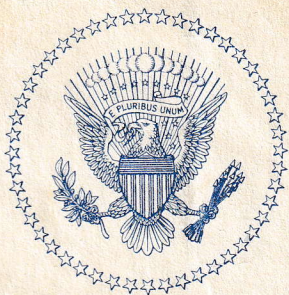
19 June 1944 to 14 October 1944

*His special training has been as:* Infantry; Heavy Weapons

*By Command of Brigadier General Fales:*

*Wilfred J. Sellers*  
WILFRED J. SELLERS Capt., Inf.  
Commanding Company





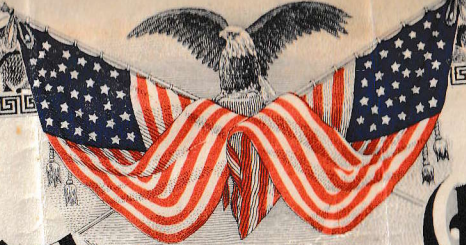
PAUL E GOULD

*To you who answered the call of your country and served in its Armed Forces to bring about the total defeat of the enemy, I extend the heartfelt thanks of a grateful Nation. As one of the Nation's finest, you undertook the most severe task one can be called upon to perform. Because you demonstrated the fortitude, resourcefulness and calm judgment necessary to carry out that task, we now look to you for leadership and example in further exalting our country in peace.*

*Harry Truman*

THE WHITE HOUSE

log 5643



# Marriage

# Certificate

I, John E. Cloney a Justice Peace hereby  
 Certify that on the 19th day of May A.D. 1939  
 Mr. Paul E. Gould State of Ill.  
 of East St. Louis  
 and Miss Dorothy J. Doyle State of Ill.  
 of East St. Louis  
 were by me legally joined in

## Holy Matrimony

In the City of St. Louis State of Missouri  
 according to the laws of said State and under authority of a marriage license  
 issued the 19th day of May 1939 by the

RECORDER OF DEEDS OF THE CITY OF ST. LOUIS, STATE OF MISSOURI

Mrs Anna Gould }  
 Mrs Nellie Doyle }  
 Wives

John E. Cloney  
 Justice Peace