

No. 2
-8-43
-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36584

State File No. _____

FILED NOV 18 1946

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 115

1. PLACE OF DEATH:

(a) County Franklin.

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

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

(d) Length of stay: In hospital or institution 1 day. (Specify whether _____)

In this community 15 years.
years, months or days)

3. (a) PRINT FULL NAME Anna Mary Gildehaus.

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband Bernard Gildehaus. 6. (c) Age of husband deceased if alive _____ years

7. Birth date of deceased September 28th, 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>1</u>	<u>3</u>	_____ hr. _____ min.

9. Birthplace Washington, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation House-work.

11. Industry or business X

MOTHER FATHER

12. Name Anton Eckelkamp,

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

14. Maiden name Julia Breitenbach,

15. Birthplace Unknown, Unknown.
(City, town, or county) (State or foreign country)

16. (a) Informant John L. Unnerstall
(b) Address Washington, Mo.

17. (a) Burial (b) Date thereof Nov. 5, 1946.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Villa Ridge, Mo. R.F.D. (Gildehaus)

18. (a) Signature of funeral director Wilbur + Dist. Inc

(b) Address Washington, Mo.

19. (a) 11/5/46 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Washington 6
(If outside city or town limits, write "RURAL")

(d) Street No. 618 Market St. 2
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country C

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1st,
year 1946 hour 1:00 minute 20 P.M.

21. I hereby certify that I attended the deceased from July 46 to Nov. 1 46
that I last saw her alive on 10-31 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Addison's Disease 1-2 yrs

Due to _____

Due to _____

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

Major findings:
Of operations 65A

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? 0

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H.M. Senny (M. D. or other) Sp. S

Address Union Mo Date signed 11-3-46

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11/12/46

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

Signed G. P. Fishberg
Licensed Embalmer No. 2387
P. O. Address Washington, 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.