S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8369

FILED MAR 30 1948

Registration District No. 116 — Primary Registration District No. 3020 — Registrar's No. 43

36
6
2

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

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. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks. (Specify whether
In this community 50 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 36
(c) City or town Washington "Rural" 0
(If outside city or town limits, write "RURAL")
(d) Street No. R. #1 E. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country x

3. (a) PRINT FULL NAME Elizabeth Ann Gildehaus.
3. (b) If veteran, name war x
3. (c) Social Security No. x

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband ~~or wife~~ Charles Gildehaus.
6. (c) Age of husband ~~or wife~~ if alive 69 years
7. Birth date of deceased December (Month) 1st. (Day) 1877 (Year)

8. AGE: Years 70 Months 3 Days 19 If less than one day ... hr. ... min.

9. Birthplace Loose Creek, (City, town, or county) Missouri. 1 (State or foreign country)
10. Usual occupation House-work.
11. Industry or business x

FATHER
12. Name Paul Hassenbeck.
13. Birthplace Unknown, (City, town, or county) Texas. 1 (State or foreign country)

MOTHER
14. Maiden name Anna Schmidt.
15. Birthplace Unknown, (City, town, or county) Texas. 1 (State or foreign country)

16. (a) Informant Charles Gildehaus
(b) Address Washington, Mo. R.F.D. #1 E.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 23, 1948. (Month) (Day) (Year)
(c) Place: burial or cremation Villa Ridge, Mo. R.F.D.
18. (a) Signature of funeral director Nielburg & Vitt, Inc
(b) Address Washington, Mo.
19. (a) Mar. 22, 1948 (Date received local registrar) (b) [signature] (Registrar's signature) 99

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th. year 1948 hour 3:00 minute 15 P.M.
21. I hereby certify that I attended the deceased from Feb 10, 1948, to Mar 20, 1948 that I last saw her alive on Mar 19, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute myocardial infarction	1 day
Due to: Coronary artery disease	2 yrs
Due to: arterio sclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
94A

PHYSICIAN
Underline the cause of 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 0
23. Signature [signature] (M. D. or other)
Address Mid & Elm Washington Mo Date signed 3-20-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Herbert Schmidt

RECEIVED
District Health Officer No. 9,
District Number
Date Filed MAR 29 1948

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 C. J. Mulberg

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.