

FILED AUG. 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 1003

24819

State File No. 6522

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2309 Benton Street | | d. STREET ADDRESS (If rural, give location) 20- 2309 Benton Street | |

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|--|-------------|--------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) LUDWIG | b. (Middle) | c. (Last) GILSDORF | 4. DATE OF DEATH (Month) (Day) (Year) July 26, 1949 |
|--|-------------|--------------------|--|

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|-------------|------------------------|--|-------------------------------------|------------------------------------|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH September 23, 1878 | 9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|-------------|------------------------|--|-------------------------------------|------------------------------------|------------------------|----------------------|-----------------------|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman | 10b. KIND OF BUSINESS OR INDUSTRY Lehmann Machine Co. | 11. BIRTHPLACE (State or foreign country) Austria 4 | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME Jacob Gilsdorf | 13b. MOTHER'S MAIDEN NAME Anna Kernweis | 14. NAME OF HUSBAND OR WIFE Caroline Gilsdorf |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No none | 16. SOCIAL SECURITY NO. 489-10-8169 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Caroline Gilsdorf, 2309 Benton | ADDRESS |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Dehydration of Head</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i> |
| ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> | DUE TO (b) <i>Medical Request</i> | | |
| | DUE TO (c) <i>Chronic Nephritis</i> | | <i>1 year</i> |
| II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | |

| | | |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY TOWN OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis</i> <i>131</i> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <i>595X</i> |
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22. I hereby certify that I attended the deceased from *Sept 7 1948*, 19___, to *July 28 1949*, that I last saw the deceased alive on ___ 19___ and that death occurred at *12:15 P.M.*, from the causes and on the date stated above.

| | | | |
|--|-------------------------------|----------------------------------|--------------------------|
| 23a. SIGNATURE <i>R.D. Steyer M.D.</i> | (Degree or title) <i>M.D.</i> | 23b. ADDRESS <i>1875 Madison</i> | 23c. DATE SIGNED 7-27-49 |
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|--|-------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE July 29, 1949 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery, | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri |
|--|-------------------------|--|---|

| | | |
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| DATE RECD BY LOCAL REGISTRAR'S SIGNATURE <i>J. B. Sasser</i> | 25. FUNERAL DIRECTOR'S SIGNATURE W.A. Stock Mortuary, 2117 E. Grand | ADDRESS |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Robert M Murray
Licensed Embalmer No. 3749
P. O. Address St. Louis, 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.