

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 16 1956

35546

STATE FILE NUMBER

318

1003

9602

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN <u>ST. LOUIS 170</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3519 - WYOMING</u>		d. STREET ADDRESS (If outside, give location) <u>2169 1/2 3519 - WYOMING</u>	
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>H.</u> Last <u>GILDEHAUS</u>		4. DATE OF DEATH Month <u>OCT.</u> Day <u>21</u> Year <u>1956</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> & DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 4 1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED GROCER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>
13. FATHER'S NAME <u>JOHN GILDEHAUS</u>		14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>BERNADINE GILDEHAUS</u> Address <u>3519<sup>e</sup> WYOMING</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio Sclerotic Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH _____
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>7:30 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>James M Kelly Deputy</u>		22b. ADDRESS <u>1300 Clark</u>	22c. DATE SIGNED <u>10.22.56</u>
23a. BURIAL, CREMATION, RECOVERY (Specify)	23b. DATE <u>OCT. 24 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>S. S. PETER &amp; PAUL</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS 170</u>
24. FUNERAL DIRECTOR ADDRESS <u>Thomas Kates 2906 Georgia</u>		25. DATE RECD. BY LOCAL REG. <u>OCT 22 1956</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith MD</u>

death, welfare, public service, 000-56, diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. ATTENTION: Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be traced. ATTENTION: Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be traced. ATTENTION: Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be traced.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

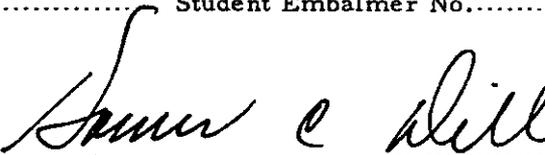
(Licensed Embalmer's Statement on Reverse Side)

m 83

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  .....  
Signature of Student Embalmer

Signed  .....  
Licensed Embalmer No. 43

P. O. Address 2906 St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.