N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

4123

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 740

City St. Louis. (No. Alexian Bros. Hospital. St. ..... Ward)

2. FULL NAME Henry Gildehaus.

(a) Residence. No. ..... St., 24 Ward. Gildehouse, Mo.,
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lissette Gildehaus.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27.1847.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
81	5	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Gardener.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Henry Gildehaus.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany.

12. MAIDEN NAME OF MOTHER Mary Hemker.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany.

14. INFORMANT Hermann Eiler
(Address) 3125 Providence Place

15. FILED ..... 1929 Max C. Tarkeff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 1929

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1928, to Jan. 14, 1929 that I last saw him alive on Jan. 14, 1929, and that death occurred, on the date stated above, at 7:13 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Myocarditis
936
97
Several (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Arterio-Sclerosis
Dont Know (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? usual
(Signed) Leo P. Young, M. D
Jan 15, 1929 (Address) Hill Bldg. 2604 Grovan.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Gildehouse, Mo.,
DATE OF BURIAL Jan. 18 1929.

20. UNDERTAKER [illegible] L. Ann N. Co
ADDRESS 2842 Meramec