

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.

JUN 23 1933

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

Do not use this space.

1. PLACE OF DEATH
96 County St. Louis Registration District No. 1111
Township Central Primary Registration District No. 1111
City Overland (No. 9512 Emerson Ave) St. Ward
File No. 17702
Registered No. 138

2. FULL NAME Mary Ann Gildenhau
(a) Residence, No. 9512 Emerson Ave St. Ward
(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 Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Frank Gildenhau
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1855
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 2 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

13. NAME Bernard Brinkmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Catherine Lembeck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Rose Gildenhau
(ADDRESS) 9512 Emerson Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul DATE 5-4-33

19. UNDERTAKER Fringshausen Mortuaries
(ADDRESS) 4104 Manchester Ave

20. FILED 5-2- 1933 Jello Bracy, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1933
22. I HEREBY CERTIFY, That I attended deceased from June 15, 1932 to May 1, 1933
I last saw alive on April 28, 1933 Death is said to have occurred on the date stated above, at 6:40 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset
750930
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) W.M. Winn, M. D.
(Address) 413 Wall Bldg.

