

DEC 11 1935

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

Do not use this space.

37276

## 1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City.....

(No. 179544)

City

Hospital

File No.....

Registered No. 9202

St.....

Ward)

## 2. FULL NAME

(a) Residence, No. 4033

(Usual place of abode)

Ward. 17

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Kenes Gildehaus

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

March 10, 1891

7. AGE

YEARS

44

MONTHS

7

DAYS

21

If LESS than 1 day, .....hra. or .....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Executive

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Garment

10. Date deceased last worked at this occupation (month and year)

Gildehaus, Inc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis, Mo.

FATHER

13. NAME

Henry Gildehaus

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

St. Louis, Mo.

MOTHER

15. MAIDEN NAME

Emma Jink

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

St. Louis, Mo.

17. INFORMANT (ADDRESS)

Hospital, City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mo. Crematorium, Nov 2nd 1935

19. UNDERTAKER (ADDRESS)

C. R. Tipton &amp; Sons, 4449 Olive St.

20. FILED

NOV - 1 1935

H. Bredeck, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Nov 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from

9-16, 1935, to 11-1, 1935.

I last saw him alive on 10-1-35. Death is said

to have occurred on the date stated above, at 12:15.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

Was there an autopsy?.....

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?.....

If so, specify.....

(Signed).....

(Address).....

, M. D.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

