S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22182

Registration District No. 773 Primary Registration District No. 4464 Registrar's No. 75

94
2
1

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town (near) Farmington, Missouri Tlar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 mos. 7 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County City 94
(c) City or town St. Louis. 4
(If outside city or town limits, write "RURAL")
(d) Street No. Little Sisters Home 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME THERESA GIDLEY

3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex F. 1
5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single
6. (c) Age of husband or wife if alive x years
7. Birth date of deceased January (Month) 9 (Day) 1867 (Year)

8. AGE: Years 75 Months Days 9 If less than one day hr. min.

9. Birthplace Ste. Genevieve (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Charles Gidley
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Thela Bechtoldt
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Records of State Hospital No. 4
(b) Address Farmington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation St. Ann's Cem. Lawrenceton Mo.
18. (a) Signature of funeral director Benham Und Co
(b) Address Bonne Terre Mo
19. (a) June 19 1942 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th year 1942 hour 7:25 minute A. M.
21. I hereby certify that I attended the deceased from March 11th 1942 to June 18th 1942; that I last saw her alive on June 17th 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerosis, generalized & marked	?
Due to	
Due to	
Chronic Emaciation	? nine
Other conditions (Include pregnancy within 3 months of death) Psychosis with Cerebral Arteriosclerosis	9 years

Major findings:
Of operations No operations
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature C. O. Ault (M. ~~D. or other~~) M.D.
Address Farmington, Mo Date signed 6/18/42

1196

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 742-85

Date Filed 7-9-42

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 Leonard John Vargo, Registered Apprentice No. 311, working under my personal supervision.

Signed C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.