

FILED SEP 18 1944

State File No. \_\_\_\_\_

7653

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1949 Withnell  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community Life / \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1949 Withnell  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elinor Gildehaus

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Edward A. Gildehaus 6. (c) Age of husband or wife if alive 44 years  
 7. Birth date of deceased September 19 1894  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
49 11 15 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Louis Winfeld  
 13. Birthplace Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Caroline Schneider  
 15. Birthplace Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Edward A. Gildehaus

(b) Address 1949 Withnell

17. (a) Burial (b) Date thereof 9-6-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director M. S. Peter & Paul

(b) Address 2906 Gravois Ave.

19. (a) SEP 5 1944 (b) J. F. Bredes  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 3  
 year 1944 hour 7 minute 05 A.M.

21. I hereby certify that I attended the deceased from Jan 12 1944 to Sept 3 1944  
 that I last saw her alive on Sept 2 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Uraemic Poisoning Duration 4 days  
Chr. nephritis 2 mo

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of 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 Roland A. Koeb (M. D. or other) \_\_\_\_\_  
 Address 3430 California Ave Date signed Sept 5 1944

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

Dr. Adell  
L. Johnson & Co. S. P. C.

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.....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed David Lee Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Harris

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.