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ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 28 1945

State File No. 39186

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11048

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: Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 6 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3525 Juniata Street
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edward Gidionsen

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widower

6. (b) Name of husband or wife Matilda

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October (Month) 9 (Day) 1868 (Year)

8. AGE: Years 77 Months 2 Days 8 If less than one day hr. min.

9. Birthplace Golconda (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Retired

11. Industry or business Grocery

FATHER
12. Name Reinholdt Gidionsen
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Nicolma Petersen
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Miss Cora Ringling
(b) Address 3525 Juniata Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 19, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Wacker Helderle
(b) Address 3634 Gravois Ave.

19. (a) DEC 18 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
year 1945 hour 7 minute 05 A. M.

21. I hereby certify that I attended the deceased from 12-11, 1945, to 12-17, 1945;
that I last saw him alive on 12-16-45, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart Failure Cfr. myocarditis	
Due to: Nasopharyngitis	
Due to: Bronchitis Cystitis = Catarrhal	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none 9 2
Of autopsy none 1 2

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? 0 (e) Means of injury 0

23. Signature R. J. Hayden (M. D. or other) M.D.
Address 5899 Delmar Date signed 12/17/45

(Licensed Embalmer's Statement on Reverse Side)

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 Frank J. Hyland

Licensed Embalmer No. 2675

P. O. Address St Louis 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.