

STANDARD CERTIFICATE OF DEATH

State File No. **28990**
Registrar's No. **3072**

FILED SEP 15 1951

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **4464**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
MONTANA
6651 Ewing Ave

1. PLACE OF DEATH a. COUNTY St. Louis 400X		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Overland		c. CITY (If outside corporate limits, write RURAL and give township) Overland 426X	
c. LENGTH OF STAY (In this place) 5 YRS		d. STREET ADDRESS (If rural, give location) 2382 Goodale	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2382 Goodale			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) _____ c. (Last) Gildehaus			4. DATE OF DEATH (Month) (Day) (Year) Sept. 5 1951		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 20, 1877	9. AGE (In years last birthday) 73	# UNDER 1 YEAR Months 11 Days 15	# UNDER 10 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired engineer	10b. KIND OF BUSINESS OR INDUSTRY Stationary Engineer	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Frank Gildehaus	13b. MOTHER'S MAIDEN NAME Mary Brinkman	14. NAME OF HUSBAND OR WIFE Rose Gildehaus
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 492-10-1036	17. INFORMANT'S SIGNATURE OR NAME Rose Gildehaus	ADDRESS 2382 Goodale
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day 5 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-Renal-Vascular DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. H92X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec 25, 1950**, to **Sept. 5, 1951**, that I last saw the deceased alive on **Sept 5, 1951**, and that death occurred at **6:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Edwin O. Meiner, M.D.	(Degree or title)	23b. ADDRESS 6651 Ewing Ave	23c. DATE SIGNED 9-6-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 8, 1951	24c. NAME OF CEMETERY OR CREMATORY OAK GROVE MAUSOLEUM	24d. LOCATION (City, town, or county) (State) ST LOUIS MO
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DATE REC'D BY LOCAL REG. 9-7-51	REGISTRAR'S SIGNATURE Robert O. Donke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Ortmann Funeral Home	ADDRESS #9222 Lackland
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Al P. Ostmann

Licensed Embalmer No. 3478

P. O. Address.....

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.