

FILED NOV 8 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35071

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

BIRTH NO. \_\_\_\_\_ REG. DIST. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9482**  
**9182**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri,</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis State Hospital</b>		3. STREET ADDRESS (If rural, give location) <b>5400 Arsenal St.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>HENRY</b>	b. (Middle) <b>J.</b>	c. (Last) <b>GILDEHAUS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 26, 1951</b>
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5. SEX <b>Male,</b>	6. COLOR OR RACE <b>White,</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed,</b>	8. DATE OF BIRTH <b>November 6, 1873</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stove Mounter,</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired 3 Yrs.</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri,</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Henry Gildehaus,</b>	13b. MOTHER'S MAIDEN NAME <b>Alvina Flacke,</b>	14. NAME OF HUSBAND OR WIFE <b>Josephine C. Gildehaus, (Decd)</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Verna Orsulak, DeSoto,</b>	ADDRESS <b>Missouri,</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>8/22/51</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>H2MV</b>
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22. I hereby certify that I attended the deceased from **Jan. 1, 1951**, to **Oct. 26, 1951**, that I last saw the deceased alive on **Oct. 26, 1951**, and that death occurred at **1:15a** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Paul A. Brown MD</b> (Deed or title)	23b. ADDRESS <b>5400 Arsenal St.</b>	23c. DATE SIGNED <b>10/26/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial,</b>	24b. DATE <b>10/29/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery,</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
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DATE RECEIVED BY LOCAL REGISTRY <b>Oct 29 1951</b>	REGISTRAR'S SIGNATURE <b>Paul A. Brown MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Gebken-Benz Mortuary,</b>	ADDRESS <b>2842 Meramec St.,</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 me

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Joe P. Benz*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.,  
St. Louis, 18, 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.