

DEC 8-1951
 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **36879**

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 2020 Registrar's No. 150

362

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| 1. PLACE OF DEATH a. COUNTY Franklin | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington | |
| c. LENGTH OF STAY (In this place) 10 days | | d. STREET ADDRESS (If rural, give location) 804 W. 8th | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Francis Hospital | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) A. c. (Last) Gildehaus | | 4. DATE OF DEATH (Month) (Day) (Year) Nov 28 1951 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Aug. 25, 1873 |
| 9. AGE (In years last birthday) 78 | | 10. MONTHS 3 | 11. DAYS 3 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (State or foreign country) Villa Ridge, Mo. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A | | | |

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| 13a. FATHER'S NAME Richard Gildehaus | 13b. MOTHER'S MAIDEN NAME Anna Kleekamp | 14. NAME OF HUSBAND OR WIFE Cath. A. |
| 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. None | 17. INFORMANT'S SIGNATURE OR NAME Alvina Gildehaus ADDRESS Washington, Mo. |

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|--|--|---|--|---|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 2 wks |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis | | DUE TO (b) Arterio-sclerotic C-V Disease 3 years | | |
| DUE TO (c) old age | | DUE TO (d) None | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4201 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 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) |
| 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? |

22. I hereby certify that I attended the deceased from **18 Nov, 1951**, to **28 Nov, 1951**, that I last saw the deceased alive on **28 Nov, 1951**, and that death occurred at **6:50P** m., from the causes and on the date stated above.

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| 23a. SIGNATURE Raymond J. Borge, M.D. (Degree or title) | 23b. ADDRESS Washington, Mo | 23c. DATE SIGNED 30 Nov 51 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Dec. 1, 1951 | 24c. NAME OF CEMETERY OR CREMATORY St. Francis Borgia |
| 24d. LOCATION (City, town, or county) (State) Washington, Mo. | | |

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| DATE REC'D BY LOCAL REG. Nov. 30, 1951 | REGISTRAR'S SIGNATURE F.E. Kielmann by L.P. Hedden | 25. FUNERAL DIRECTOR'S SIGNATURE Neuberg & Witt, Inc. ADDRESS Washington, Mo. |
|---|---|---|

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 3 1951

RECEIVED

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Jerome F. Svoboda

Licensed Embalmer No. 4507

P. O. Address Washington

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.