No. 300
10-48

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Reg.# 98056
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40226

BIRTH NO. ______ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3787

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY: CLINTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEW BADEN
d. STREET ADDRESS (If rural, give location): ——

3. NAME OF DECEASED (Type or Print)
a. (First) JULIUS / JULIUS
b. (Middle) E. / L.
c. (Last) GILDIG / GILDIG

4. DATE OF DEATH (Month) (Day) (Year): 11-23-51

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 1-15-88
9. AGE (In years last birthday): 63 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): COAL MINER
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): AVISTON, ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: HENRY GILDIG
13b. MOTHER'S MAIDEN NAME: LENA SEGER
14. NAME OF HUSBAND OR WIFE: FRANCIS GILDIG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: VA HOSPITAL RECORDS, JEFF.BKS. MO.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF LIVER WITH METASTASES

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ______
DUE TO (c) ______

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
1561
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that* VA *attended the deceased from* 11-13-51, 19__, *to* 11-23-51, 19__, ~~that I last saw the deceased alive on~~ XXXXXXXXXXXXXXXXXXXX, *and that death occurred at* 9:25A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] E. C. O'BRIEN, M.D.
23b. ADDRESS: VA HOSPITAL, JEFF.BKS.MO.
23c. DATE SIGNED: 11-23-51

24a. ~~BURIAL, CREMATION,~~ REMOVAL (Specify): Burial
24b. DATE: 11-26-51
24c. NAME OF CEMETERY OR CREMATORY: Green Mount
24d. LOCATION (City, town, or county) (State): New Baden Ill

DATE REC'D BY LOCAL REG.: 11-23-51
REGISTRAR'S SIGNATURE: Herbert R. Donke
25. FUNERAL DIRECTOR'S SIGNATURE: [signature]
ADDRESS: New Baden Ill

(Licensed Embalmer's Statement on Reverse Side)

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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed H B Humphrey

Licensed Embalmer No. 2493

P. O. Address New Baden, Ill

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.