

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4467**

No. 300
10-48

FILED MAR 8 1954

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 44

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

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-Rural-St. John's	
c. LENGTH OF STAY (In this place) 1 day.		d. STREET ADDRESS (If rural, give location) R. F. D. #1 East. 0.360	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital.			
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) _____ c. (Last) Gildehaus	
4. DATE OF DEATH (Month) (Day) (Year) Mar. 4th, 1954.			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 2nd, 1878.
9. AGE (In years last birthday) 75		10. MONTHS 5	11. DAYS 2
10a. USUAL OCCUPATION (If we kind of work done during most of working life, even if retired) Farming.		10b. KIND OF BUSINESS OR INDUSTRY Own Farm.	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John H. Gildehaus.		13b. MOTHER'S MAIDEN NAME Catherine Flacke.	
14. NAME OF DECEASED'S WIFE Elizabeth A. Gildehaus.			
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 Alphonse N. Gildehaus		18. ADDRESS Washington, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis	
		INTERVAL BETWEEN ONSET AND DEATH 12 h	
		ANTECEDENT CAUSES	
		DUE TO (b) Arteriosclerosis - U-R disease	
		DUE TO (c) old age	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Washington, Mo.			
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 6 May , 1954, to 4 Mar , 1954, that I last saw the deceased alive on 4 Mar , 1954, and that death occurred at 9 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE R. W. Brown		23b. ADDRESS Washington, Mo.	
23c. DATE SIGNED 5 Mar			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 6, 1954.	
24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery,		24d. LOCATION (City, town, or county) (State) Gildehaus, (Village) Mo.	
25a. FUNERAL DIRECTOR'S SIGNATURE Rilburg & Witt, Inc.		25b. ADDRESS Washington, Mo.	
DATE REC'D BY LOCAL REG. Mar. 5, 1954		REGISTRAR'S SIGNATURE H. S. Hedmann	

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Jerome F. Swoboda
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.