

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7950**

FILED **APR 5 1954** REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **143**

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Cape Girardeau</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Cape Girardeau</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>6 months</u>		e. STREET ADDRESS (If rural, give location) <u>807 Good Hope Street 01670</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>ANNA</u>	b. (Middle) <u>L.</u>	c. (Last) <u>GILDER</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>April 1, 1954</u>
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>November 28, 1902</u>	<b>9. AGE</b> (In years last birthday) <u>51</u>	<b>IF UNDER 1 YEAR</b> Months <u>4</u> Days <u>3</u>	<b>IF UNDER 24 HRS.</b> Hours <u></u> Min. <u></u>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own home</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Gordonville, Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S.</u>
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<b>13a. FATHER'S NAME</b> <u>Henry Schulte</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Kaufmann</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Ray D. Gilder</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>No</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Ray D. Gilder</u>	<b>ADDRESS</b> <u>Cape Girardeau, Mo.</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>8-9 mo.</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Astrocytoma of Rt. Frontal Lobe</u> (Glioblastoma Multiforme)		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b> <u>Aug. '53</u>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Brain Tumor of Rt. Frontal Lobe</u>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>193X</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** Sept. 26, 1953, to April 1, 1954, that I last saw the deceased alive on April 1, 1954, and that death occurred at 10:35 PM from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>William J. Oehler, M.D.</u>	<b>23b. ADDRESS</b> <u>Cape Girardeau, Mo.</u>	<b>23c. DATE SIGNED</b> <u>4-2-54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>April 5, 1954</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St. Marys Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>4-3-54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>L. C. Summers</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Walters Funeral Home</u>	<b>ADDRESS</b> <u>Cape Gir. Mo.</u>
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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Virgil W. Welch*.....

Licensed Embalmer No. *410*

P. O. Address *Cape Girardeau*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.