

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10297**
Registrar's No. **2128**

FILED APR 12 1957

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 10297		Registrar's No. 2128			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) 1 mo		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION Desloge Hosp.				e. STREET ADDRESS (If rural, give location) 1239 1210 Sidney St.							
3. NAME OF DECEASED (Type or Print) a. (First) THEODORE			b. (Middle) Ludwig		c. (Last) GILDA		4. DATE OF DEATH (Month) (Day) (Year) 3 3 57				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug. 16 1902		9. AGE (In years last birthday) 57	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) Retired machinist			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY U.S.			
13a. FATHER'S NAME Theodore M. Gilda			13b. MOTHER'S MAIDEN NAME Amelia Amusek			14. NAME OF HUSBAND OR WIFE Martha Gilda					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) No		16. SOCIAL SECURITY NO. 493-07-8815		17. INFORMANT'S SIGNATURE OR NAME Martha Gilda						ADDRESS 1210 Sidney St	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEPATIC FAILURE							INTERVAL BETWEEN ONSET AND DEATH 2 DAYS		
		ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HEPATIC CIRRHOSIS									
		DUE TO (c) BLEEDING ESOPHAGEAL VARICES							2 DAYS		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PERFORATED DUODENAL ULCER							1 MO.		
19a. DATE OF OPERATION 3-1-57 2-19-57		19b. MAJOR FINDINGS OF OPERATION PERFORATED DUODENAL ULCER WITH PERITONITIS - MULTIPLE ADHESIONS						20. AUTOPSY? YES <input checked="" 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) 58101							
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 2-1, 1957 , to 3-3, 1957 , that I last saw the deceased alive on 3-2, 1957 , and that death occurred at 3:30 AM. , from the causes and on the date stated above.											
23a. SIGNATURE Alan Deak M.D.				23b. ADDRESS 1325 S. Grand			23c. DATE SIGNED 3-3-57				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-6-1957	24c. NAME OF CEMETERY OR CREMATORY Lauriel Hill Gardens		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo						
DATE REC'D BY LOCAL REG. MAR 4 '57		REGISTRAR'S SIGNATURE Paul Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Will Bro. L. & W. Co. 2929 S. Jefferson						
(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 Rowland Lee, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed Edgar F. With
Licensed Embalmer No. 2417

P. O. Address

**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.**