

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039448
STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 300

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Washington</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Labadie</i> 6360
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Francis Hosp.</i>		Length of stay in lb <i>1 yr</i>	d. STREET ADDRESS (If outside, give location) <i>R.F.D.</i>
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <i>Louis</i> Middle <i>F.</i> Last <i>Gildehaus</i>			4. DATE OF DEATH Month <i>Nov.</i> Day <i>28</i> Year <i>1958</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>March 21, 1900</i>	9. AGE (In years last birthday) <i>58</i>	IF UNDER 1 YEAR Months <i>8</i> Days <i>7</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Own Farm</i>	11. BIRTHPLACE (City and State or country) <i>Villa Ridge, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Frank Gildehaus</i>	13b. MOTHER'S MAIDEN NAME <i>Anna Schroeder</i>	14. NAME OF HUSBAND OR WIFE <i></i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>493-42-7573</i>	17. INFORMANT <i>August C. Patke, Villa Ridge, Mo.</i>	Address <i>4200</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute cardiac decompensation</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>arterio-sclerotic heart disease</i>	
	DUE TO (c) <i></i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <i></i> Month <i></i> Day <i></i> Year <i></i> a.m. <i></i> p.m. <i></i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <i>1949</i> to <i>Nov 28, 58</i> and last saw her alive on <i>Nov 28/58</i> Death occurred at <i>7:00 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>J. J. For M.D.</i> (Degree or title)	22b. ADDRESS <i>Washington Mo</i>	22c. DATE SIGNED <i>12/2/58</i>
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23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE <i>Dec 3, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. John's Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Villa Ridge, Missouri</i>
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24. FUNERAL DIRECTOR <i>Nieburg & Witt, Inc. Washington, Mo</i>	ADDRESS <i>4 Witt</i>	25. DATE RECEIVED BY LOCAL REG. <i>12/2/58</i>	26. REGISTRAR'S SIGNATURE <i>J.P. Sudmann G.P. Sudmann</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All answers in Part I must be causally related.

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 *Lester A Witt*

Licensed Embalmer No. *3254*
P. O. Address *Washington, D.C.*

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.