

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Cassandria
City Lumburg

Registration District No. 1123
Primary Registration District No. 6248 A
(No. 235 Addison Ave)

File No. 28412
Registered No. 288
St. _____ Ward _____

2. FULL NAME

Peter William Glotho
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 9, 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
59 8 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer) Stupp Bros
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Louis Co.
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Wm G Glotho

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Mary Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Germany

14. INFORMANT William Nagener
(Address) 235 Addison Ave

15. Aug 29, 1928 L. C. Abrock, M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 27, 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to Aug 27, 1928
that I last saw him alive on Aug 27, 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy
B.M.
97 (duration) yrs. mos. 14 da.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) August M Peters, M. D.
Aug 27, 1928 (Address) 601 Missouri Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Park Lawn DATE OF BURIAL 8/30 1928

20. UNDERTAKER Woffmutter & Co ADDRESS 7814 E. Broadway

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

