

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

Do not use this space.

2579

1. PLACE OF DEATH

County..... St. Louis
Township..... Carondelet
City..... Koch (No. R. Koch Hosp.)

Registration District No. 1123
Primary Registration District No. 8248 B

File No.
Registered No. 15
St. Ward)

2. FULL NAME Glass, Joseph

(a) Residence. No. 1102 S 8th St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred X yrs. 5 mos. 28 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

Widowed?

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS APPARENTLY ABOUT 58. If LESS than 1 day, hrs. or min. Pt. said did not know age

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Poland
(STATE OR COUNTRY)

10. NAME OF FATHER Tony Glass

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Koch Hospital Records
(Address) Koch, Mo.

15. FILED Jan 21 1930 L. C. Obrock
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 9 1930

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1929 19..... to Jan. 9 1930 19..... that I last saw h..... imalive on Jan. 9 1930 and that death occurred, on the date stated above, at 7:30 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY) Unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH..... Unknown

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS X Ray & Sputum
(Signed) Richard Stone, M. D.

1/9/30 (Address) Koch Hospital

*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 DATE OF BURIAL

Anatomical Board Jan 21 1930

20. UNDERTAKER ADDRESS

City St. Louis

N. B.—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.

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