

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

Do not use this space.

23578

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1098 File No.
 City St. Louis (No. St. Johns Hospital) Registered No. 7094
 St. Ward)

2. FULL NAME

William Glassmaker
 (a) Residence. No. St. 12 Ward. Highland Hill
 (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 M. 4. COLOR OR RACE W. 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) Unk.
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 30
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Highland Hill
 (STATE OR COUNTRY)

10. NAME OF FATHER George Glassmaker
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Unk
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unk.
 (STATE OR COUNTRY)

14. INFORMANT Miss Sock
 (Address) Highland Hill

15. FILED 28 1931
Ray C. Stark
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 28 1931
 17. I HEREBY CERTIFY, That I attended deceased from June 22 to June 28, 1931, and that I last saw him alive on June 26, 1931, and that death occurred, on the date stated above, at 11 o'clock m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis Rheumatica
sub acuta
5 to 6 A
5 to 6 P M (duration) 10 yrs. 6 mo. 6 da.
 (CONTRIBUTORY SECONDARY) Emphysema Lung
 (duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Chas. W. Miller, M. D.
6/27/31 (Address) 1035 Mission St

*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 Highland Hill DATE OF BURIAL 6, 28 1931

20. UNDERTAKER Tibbitts Und. ADDRESS Highland Hill

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.

