

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

Do not use this space.

886

1. PLACE OF DEATH

35 County Franklin
8 Township
6 City Malden (No. _____)

Registration District No. 289
Primary Registration District No. 4173

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Mrs Rae Glick

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 30th 1933

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

17. I HEREBY CERTIFY, That I intended deceased from Nov 29th 1932, to Jan 30th 1933, that I last saw her alive on Jan 30th 1933, and that death occurred, on the date stated above, at 7:15 p. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 31st 1896

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 0 30

Myocarditis
930
115
1000

8. OCCUPATION OF DECEASED

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

CONTRIBUTION (SECONDARY) Influenza and Prochitis
(duration) yrs. mos. ds. 1 yrs. 1 mos. 12 ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ill.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

10. NAME OF FATHER James Fenster

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptom and Laboratory Exam.
(Signed) S. E. Mitchell M. D.

12. MAIDEN NAME OF MOTHER Hannah Chickman

(Address) 30, 1933 Malden Mo.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

*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.

14. INFORMANT (Address) Louis Glick Malden Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Chicago Ill. DATE OF BURIAL 2/1 1933

15. FILED 1/30, 1933 Homer Beal REGISTRAR

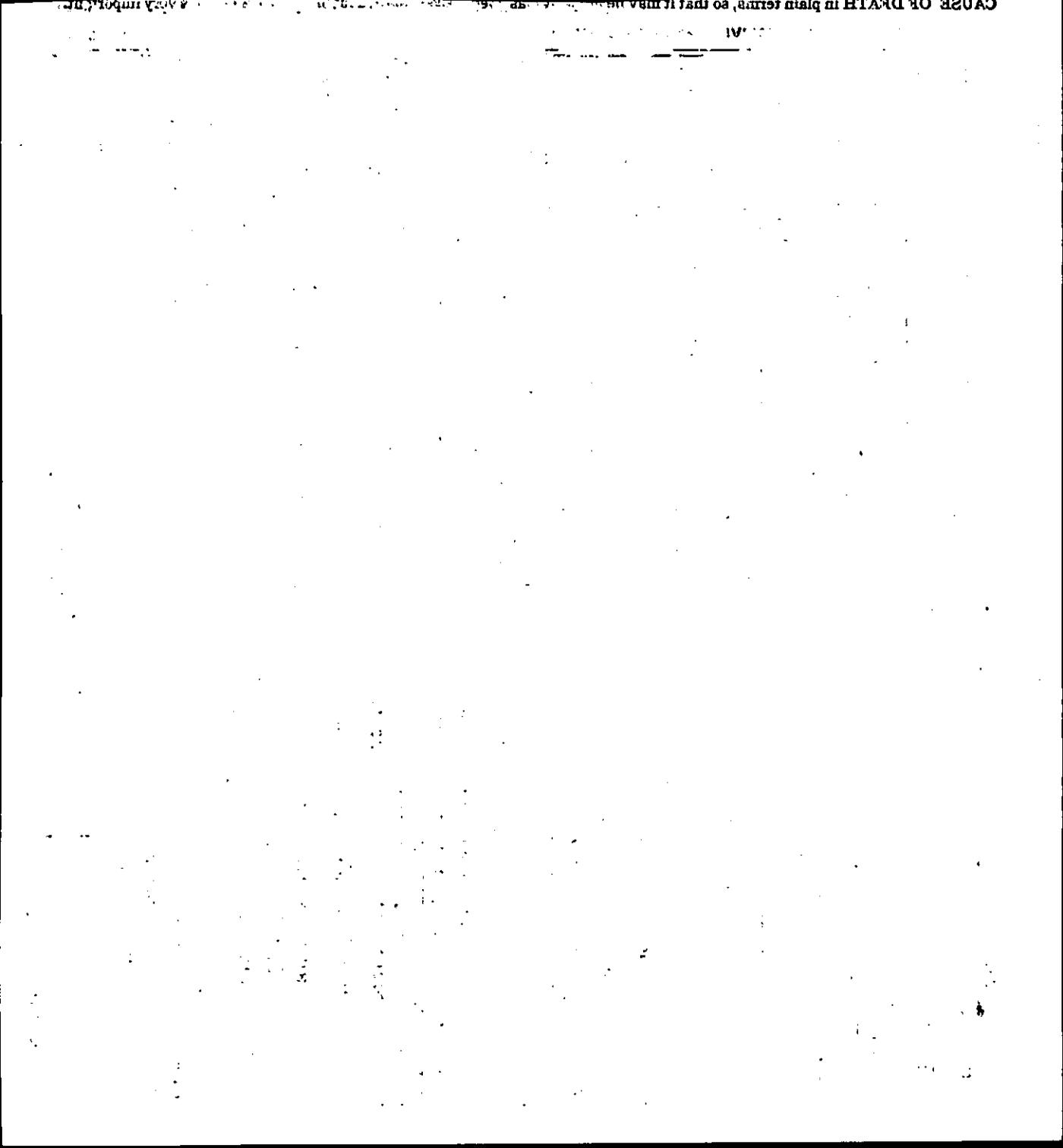
20. UNDERTAKER W. L. Craig ADDRESS Malden Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Dunklin
Township Malden
City Malden (No.)

Registration District No. 289
Primary Registration District No. 4173

File No.
Registered No.
St. Ward)

2. FULL NAME

Rae Gluck

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31 - 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
X 36 X 0 30

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED 7-11 1933 Homer Beal Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30, 1933

22. I HEREBY CERTIFY That I attended deceased from ... to ... 19...

I last saw h. alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in the following: Accident, suicide, or homicide? Date of injury ... 19... Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address) ...

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain text so that it may be properly classified. Exact statement of OCCUPATION is very important.

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