

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

Do not use this space.

30893

1. PLACE OF DEATH

County St. Louis Registration District No. 1160
 Township Central Primary Registration District No. 4470
 City University City No. 2506 Liberty Ave. St. _____ Ward _____

File No. _____
 Registered No. 93

2. FULL NAME

(a) Residence, No. 2506 Liberty 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Theresa Gluck</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 27, 1849</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>2</u>	DAYS <u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Packer</u>		IF LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>M. E. Hoy & Sloan Co.</u>		11. Total time (years) spent in this occupation _____
10. Date deceased last worked at this occupation (month and year) _____		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
MOTHER
FATHER
13. NAME <u>Adolph Gluck</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
15. MAIDEN NAME <u>Unknown</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
17. INFORMANT (ADDRESS) <u>Mrs. Dora Schwartz</u> <u>2506 Liberty Ave.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>Sept 6, 1933</u>
19. UNDERTAKER (ADDRESS) <u>Mullen and Co.</u> <u>5165 Delmar Blvd.</u>
20. FILED <u>Sept 5, 1933</u> <u>Gene V. McNeill</u> Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3rd, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1933, to Sept 3, 1933
 I last saw him alive on Sept 3, 1933. Death is said to have occurred on the date stated above, at 10²² a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
 9:20
 19
 Other contributory causes of importance
 Arteriosclerosis
 Date of onset
 ?
 1931
 ?

Name of operation _____ Date of _____
 What test confirmed diagnosis? clin. & path. there an autopsy No

23. If death was due to external causes (violence), fill in also 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? No
 If so, specify _____
 (Signed) Red Reilly M. D.
 (Address) 8105 Page Blvd.

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.

OCT 20 1933

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19
10

Dr. D. Perkins
1890
1891