

10 MAR 24 1934

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

Do not use this space.

6372

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Louis

Registration District No. 790
Primary-Registration District No. 6033A
No. 6310 Northwood

File No.
Registered No. 48
St. Ward)

2. FULL NAME

(a) Residence, No. 6310 Northwood St. Ward.

(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 OF RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hazel Glatter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 2, 1884</u>		
7. AGE	YEARS <u>49</u>	MONTHS <u>11</u>
	DAYS <u>6</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Buyer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Department store</u>	
	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) <u>Hungary</u>		
FATHER	13. NAME <u>Frank Glatter</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hungary</u>	
MOTHER	15. MAIDEN NAME <u>Hannie Koenig</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hungary</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Hazel Glatter</u> <u>6310 Northwood</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chicago Ill</u> DATE <u>2/11</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Ed Berger</u> <u>4715</u>		
20. FILED <u>2/10</u> 19 <u>34</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 8 1934

22. I HEREBY CERTIFY That I attended deceased from May 1932 to February 8 1934

I last saw him alive on February 7 1934 Death is said to have occurred on the date stated above, at 11:15 m.

The principal cause of death and related causes of importance were as follows:
Coronary Occlusion Date of onset

Other contributory causes of importance
MI

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
If so, specify.....
(Signed) J. G. Probst, M. D.
(Address) Lister Bldg

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.

THIS IS A PERMANENT RECORD

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