WHITE PERIMET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

JAN. 2 3 1935

Do not use this space.

44297

1. PLACE OF DEATH

County St. Louis — Registration District No. 786 — File No.

Township Central — Primary Registration District No. 4469 — Registered No. 48

City Maplewood (No. 3111, Cherry St. St. Ward)

96 6 8

2. FULL NAME Anna L. Glaub

(a) Residence, No. 3111 Cherry St. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Frank J. Glaub.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 10, 1863

7. AGE: YEARS 71 — MONTHS 2 — DAYS 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife.
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: life.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Peoria Ill

FATHER

13. NAME: William Lunkenheimer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

MOTHER

15. MAIDEN NAME: Buchoff.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Josephine Howe, 3111 Cherry Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE 12/17 1934

19. UNDERTAKER (ADDRESS): Croghan Und. Co. Inc. 7146 Manchester Ave.

20. FILED Jan 10 1935 Pauline Breitenstein, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1934, to Dec 14, 1934
I last saw her alive on Dec 14, 1934. Death is said to have occurred on the date stated above, at 7.30 P.m.
The principal cause of death and related causes of importance were as follows:

Chronic Valvular Cardiac Condition

92 A

Date of onset

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Physical Today 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) Vincent Hemmerd, M. D.
(Address) 3101 a Sutton Ave