

In Book

JUN 20 1936

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

Do not use this space.

19077

1. PLACE OF DEATH

County Franklin Registration District No. 397
Township..... Primary Registration District No. 3016
City Washington, Mo. (No.....) St. Ward)

2. FULL NAME John James Glaser

(a) Residence, No. Front & Lafayette Sts., Washington, Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 9 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9th, 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 9 22

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

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) Washington, Missouri
(STATE OR COUNTRY)

13. NAME Louis Glaser

14. BIRTHPLACE (CITY OR TOWN) Washington, Missouri
(STATE OR COUNTRY)

15. MAIDEN NAME Rosa Griffin

16. BIRTHPLACE (CITY OR TOWN) Wardsville, Missouri
(STATE OR COUNTRY)

17. INFORMANT Mrs. John Glaser
(ADDRESS) Front & Lafayette St., Washington,

18. BURIAL, CREMATION, OR REMOVAL Catholic Cemetery
PLACE Washington, Mo. DATE May 4th, 1936

19. UNDERTAKER Otto & Company
(ADDRESS) Washington, Mo.

20. FILED May 2-36 N.A. May
Registry

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1936 to May 1, 1936

I last saw him alive on May 1, 1936. Death is said to have occurred on the date stated above, at 8 A.M.

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

Lobar pneumonia

Date of onset

108

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 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) [Signature], M. D.
(Address) 421 1/2 Third, Washington, Mo.

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.

The following is a list of the names of the persons who were present at the meeting held on the 15th day of August, 1948, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

The names of the persons present are as follows:

Mr. J. Edgar Hoover
 Mr. E. A. Tamm
 Mr. Clegg
 Mr. Glavin
 Mr. Ladd
 Mr. Nichols
 Mr. Rosen
 Mr. Tracy
 Mr. Carson
 Mr. Egan
 Mr. Gurnea
 Mr. Hendon
 Mr. Pennington
 Mr. Quinn
 Mr. Nease
 Mr. Gandy

The undersigned, J. Edgar Hoover, Director of the Federal Bureau of Investigation, hereby certifies that the above is a true and correct list of the persons who were present at the meeting held on the 15th day of August, 1948, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

J. Edgar Hoover
 Director