

WRITE PLAINLY 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

Do not use this space.

SEP 10 1937

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No.) **DePaul Hospital** (St. Ward)

28974

File No.
Registered No. **7607** (St. Ward)

2. FULL NAME

Martin Glunz

(a) Residence, No. **6815 Arthur Avenue** 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 **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 **Theresa Glunz**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 13, 1867**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 3 26

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Sartorius Provision Co.**

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) **Germany**

13. NAME **John Glunz**

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

15. MAIDEN NAME **Barbara Manger**

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

17. INFORMANT **Theresa Glunz** (ADDRESS) **6815 Arthur Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park** DATE **August 12, 1937**

19. UNDERTAKER **Wm. J. Robert** (ADDRESS) **1905 S. Grand Blvd.**

20. FILED **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 9, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 15, 1936** to **Aug 9, 1937**
I last saw him alive on **Aug 9, 1937**. Death is said to have occurred on the date stated above, at **2:35 P. M.**
The principal cause of death and related causes of importance were as follows:

Carcinoma lower half end Oesophagus
Date of onset
Other contributory causes of importance: **Hb A**

Name of operation **Tumor** Date of
What test confirmed diagnosis? Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
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) **Harry H. Meyer**, M. D.
(Address) **4903 Delmar**

AUG 11 1937

