

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

36021
Do not use this space.

NOV 15 1937

1. PLACE OF DEATH
(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **S t. Louis, Mo.** (d) Street No. **Mo. Baptist Hospital** Registered No. **9598**
(e) Length of residence in city or town where death occurred yrs. mos. ds. / (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Mr. E mmoreist Glick**
(a) Residence, No. **Casey, Ill.** St. **KA** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 **One Belle Glick**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Apr 4, 1868**

7. AGE YEARS **69** MONTHS **6** DAYS **10** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Mechanic**
9. Industry or business in which work was done, as saw mill, bank, etc. **Auto.**
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) **Indiana**

13. NAME **Unknown**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Murry Glick**
(ADDRESS) **4320 Jennings Road**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Casey, Ill.** DATE **10/16**

19. FUNERAL DIRECTOR **Henry Ludwig Mnd. Co.**
(ADDRESS) **1417 W. Market St.**

20. FILED **OCT 14 1937**
J. Brebeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 14th. 37**

22. I HEREBY CERTIFY, That I attended deceased from **10/11 - 37** to **10/14 - 37**
I last saw him alive on **10/14 - 1937** Death is said to have occurred on the date stated above, at **12:20 p.m.**
The principal cause of death and related causes of importance were as follows:

Myocardial infarction
Date of onset
10/11/37
Other contributory causes of importance:
arterio-sclerotic heart disease
hypertension
obesity

Name of operation..... Date of.....
What test confirmed diagnosis? **Judays** 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) **D. Anderson**, M. D.
(Address) **Casey, Ill.**

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. 1674

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed *John P. Buchholz*
Licensed Embalmer No. 1674

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)