

REC'D JUN 9 1938

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

16281
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **5415a Southwest** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 **Lillian Gloeckler** **494**

(a) Residence, No. **5415a Southwest** St. **13**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Divorced**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Charlie Seib**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 19, 1894**
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
43 4 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Candy Maker**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) **12-1-36** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

13. NAME **John Gloeckler**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hamilton, Ohio**

15. MAIDEN NAME **Eva Mennerich**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kansas City Kansas**

17. INFORMANT (ADDRESS) **Pearl M. Fencler 5415 Southwest Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Hope** DATE **5-6-38** 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Oscar J. Hoffmeister 4016 Chippewa Str.**

20. FILED **MAY - 5 1938** **J. P. Bredeek Local Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 4th 1938**
22. I HEREBY CERTIFY, That I attended deceased from **Nov. 12th 1937** to **May 3rd 1938**
I last saw her alive on **May 3rd 1938** Death is said to have occurred on the date stated above, at **1:10** p.m.
The principal cause of death and related causes of importance were as follows:

Uterine Carcinoma
Carcinoma of uterus
Other contributory causes of importance **H D**

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?
Also, specify **H. W. Lee** M. D.
(Signed) **H. W. Lee**
(Address) **3108 Chippewa St.**

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No. 3888

P. O. Address 4016 Chippewa

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.)

If this body is not embalmed, above space should be left blank.