

REC'D AUG 12 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

23352

Do not use this space.

6046

## 1. PLACE OF DEATH

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No..... Registered No.....  
 (c) City ST. LOUIS MO. (d) Street No. ST. John's Hospital 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

PAULINE GLOGOVAC, 421  
 (a) Residence, No. 1723 McCREADY AV. St. MO. (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) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARKO GLOGOVAC

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 23 - 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
46 1 10

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEWIFE  
 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) ST. LOUIS, MISSOURI

FATHER  
 13. NAME CHARLES HOERNLEIN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER  
 15. MAIDEN NAME ADA FLETCHER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

17. INFORMANT (ADDRESS) MARKO GLOGOVAC, 1723 McCREADY AV.

18. BURIAL, CREMATION, OR REMOVAL PLACE NEW ST. MARCUS DATE JULY 6, 1938

19. FUNERAL DIRECTOR (ADDRESS) E. J. Schnur, 3125 Lafayette av.

20. FILED JUL 6 1938 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/21, 1938, to 7/3, 1938  
 I last saw him alive on 7/3, 1938 Death is said to have occurred on the date stated above, at h.p., m.

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

Ac Cardiac dilatation Date of onset 7/1/38  
Ac cholecystitis nopeles 6/24/38  
Chr. Myocarditis

Other contributory causes of importance:  
Chronic Myocarditis  
Chronic Bile Bleeding disease  
 What test confirmed diagnosis? X-ray - CR Was there an autopsy?  
Chronic Myocarditis

23. If death was due to external cause (violence), fill in also the following:  
 Accident, suicide, or homicide? NO 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 NO  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None  
 If so, specify  
 (Signed) Geo J. McLean M. D.  
 (Address) 1006 So Jefferson

(Licensed Embalmer's Statement or Reverse Side)

X. Removal of Gall Bladder

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.

1-121000

STATEMENT BY LICENSED EMBALMER

I, Jose B Vollmer, Licensed Embalmer No. 4014  
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 Jose B Vollmer  
Licensed Embalmer No. 4014

**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.)**