

REC'D MAR 9 1939

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

6926  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jefferson  
(b) Township Rock  
(c) City                     

Registration District No. 423Primary Registration District No. 5578Registered No. 8

(e) Length of residence in city or town where death occurred

(d) Street No.                       
(If death occurred in Hospital or Institution, write its name instead of street and number)  
yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Samuel Glatt(a) Residence, No.                      St.                     

(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

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

Emma Glatt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July, 18, 1870

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

687--

OCCUPATION

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

Farmer

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MaxvilleMo.

FATHER

13. NAME

Conrad Glatt

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

Germany

MOTHER

15. MAIDEN NAME

Katherine Walldorf

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

Germany

17. INFORMANT (ADDRESS)

Albert GlattKimmswick, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE

CemeterySt. Pauls LutheranDATE Feb 21, 1939

19. FUNERAL DIRECTOR (ADDRESS)

Heiligtag Funeral HomeKimmswick, Mo

20. FILED

Feb 21, 1939Phil J. Link  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Feb 18th 1939

22. I, HEREBY CERTIFY, That I attended deceased from

March 1933 to Feb 18 1939I last saw him alive on 2/18/39, 19..... Death is saidto have occurred on the date stated above, at 2:00 a.m.

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

Total pneumonia (left upper)

Date of onset

Other contributory causes of importance

Ch. Myocarditis

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)

39 (Address)

A. Reich, M.D.  
Kimmswick, 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.

STATEMENT BY LICENSED EMBALMER

I, Fred H Heiligtag, Licensed Embalmer No. 3150

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed: Fred H Heiligtag  
Licensed Embalmer No. 3150

**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.)**