

REC'D MAY 12 1939

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

14463
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Registration District No. 125
(b) Township Cape Primary Registration District No. 3009
(c) City Cape Girardeau Missouri No. St. Francis 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 Martin Glastetter

(a) Residence, No. New Hamburg Missouri St. New Hamburg Mo.
(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Strack

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 0 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired 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) Scott County
(STATE OR COUNTRY) Missouri

13. NAME Fritz Glastetter

14. BIRTHPLACE (CITY OR TOWN) New Hamburg
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Dont Know

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

17. INFORMANT Phillip Strack
(ADDRESS) Cape Girardeau Missoni

18. BURIAL, CREMATION, OR REMOVAL
PLACED St. Lawrence Cem. DATE 4-17-1939

19. FUNERAL DIRECTOR (NAME) L. L. Haman
(ADDRESS) Cape Girardeau Missouri 134

20. FILED 4-14-39 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-14-39

22. I HEREBY CERTIFY, That I attended deceased from 4-9-39 to 4-14-39, 1939

I last saw him alive on 4-14-39 Death is said to have occurred on the date stated above, at 2:30 p.m. m.
The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset 2-9-39

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? hamin Was there an autopsy? no

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) R. A. Ritter, M. D.
(Address) Cape Girardeau 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.

WWW.MISSOURI-STATE-BOARD-OF-HEALTH.MO THIS IS A PERMANENT RECORD

P. L. Harman

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 *P. L. Harman*
Licensed Embalmer No. *5863*
P. O. Address *Cape Girardeau*

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.