REC'D MAY 18 1939

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

14803
Do not use this space.

1. PLACE OF DEATH
(a) County Franklin 1 Registration District No. 297
(b) Township Primary Registration District No. 3016 Registered No. 47
(c) City Washington, Mo. (d) Street No. 628 W. Fifth St., Washington, Mo. 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 50 yrs. ✓ mos. ✓ ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 426 ANDREW A. GLASER
(a) Residence, No. 628 W. Fifth St. Washington, Mo. 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sophia Glaser
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 27, 1854
7. AGE: YEARS 84 MONTHS 7 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Potter
9. Industry or business in which work was done, as saw mill, bank, etc.: Pottery
10. Date deceased last worked at this occupation (month and year): 1919
11. Total time (years) spent in this occupation: 50 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Winnebago County Wisconsin 1

FATHER
13. NAME: John Glaser 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany 9

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Mr Fred Glaser, Fifth St., Washington, Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington, Mo. DATE April 28, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Nieburg & Vitt, Inc. Washington, Missouri
20. FILED Apr. 26, 1939 H. A. May Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 25, 1939
22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1939, to Apr. 25, 1939
I last saw him alive on Apr 24, 1939. Death is said to have occurred on the date stated above, at 9:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1-15-37
131	
Other contributory causes of importance: Cerebral Hemorrhage	4/21/39

Name of operation — Date of
What test confirmed diagnosis? Clinical 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 ....., 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? no
If so, specify
(Signed) B. E. Mankopf, M. D.
(Address) Washington Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Me. Lester H. Witt, or by .....

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

Signed Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, Mo.

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

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