

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

RECORDED JUN 12 1939

791  
1003

17056  
Do not use this space.

**1. PLACE OF DEATH**

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No..... Registered No..... **4590**  
 or **St. Louis**  
 (c) City..... (d) Street No. **St. Lukes Hosp.** St.  
 (e) Length of residence in city or town where death occurred **66** yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME** **John Glasker**

(a) Residence, No. **1421 Newhouse Ave.** St. **26** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**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 **Louise Glasker**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 20, 1850**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	88	4	27	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Maintenance**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Waterworks**  
 10. Date deceased last worked at this occupation (month and year) **Aug. 1933** 11. Total time (years) spent in this occupation **63**

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

FATHER 13. NAME **Unknown**

FATHER 14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Margaret Roetter**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

17. INFORMANT **Mrs. Clara Glasker** (ADDRESS) **1421 Newhouse Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Crem'y.** DATE **5/20/39**

19. FUNERAL DIRECTOR (NAME) **Suedmeyer & Sons** (ADDRESS) **3934 N. 20th St.**

20. FILED **MAY 19 1939** *J. B. [Signature]* Local Registrar

**NEED NOT BE FILLED** MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/17/39**, 19

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at **8:05 P.M.**

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

**Fracture of the Left Hip, suffered when he fell at his home 1421 Newhouse Avenue, on May 11th, 1939, at about 7:00 A.M.**

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? **Accident** Date of injury **5/11/39**  
 Where did injury occur? **St. Louis, Mo.**  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. **In Home**

Manner of injury..... **See Above**  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**  
 If so, specify *Alfred Perry* (Signed) *Alfred Perry* (Address) *Alfred Perry*

**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.....

*Geo P Schubert*

Registered Apprentice No.....

working under my personal supervision.

Signed: *Geo P Schubert*

Licensed Embalmer No. *2912*

P. O. Address *51189 N. Kingshighway*

**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.**