

STANDARD CERTIFICATE OF DEATH

State File No.

37564

Registration District No.

2002

Primary Registration District No.

Registrar's No.

9403

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital # 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME August Gloser 1263. (b) If veteran, name war _____ 3. (c) Social Security No. 486-18-4804. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Mary Gloser 6. (c) Age of husband or wife if alive 55 years7. Birth date of deceased April 14 1881
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
58 6 17 _____ hr. _____ min.9. Birthplace Logansport Indiana
(City, town, or county) (State or foreign country)10. Usual occupation Laborer

11. Industry or business _____

12. Name August Gloser13. Birthplace Indiana
(City, town, or county) (State or foreign country)14. Maiden name Don't know15. Birthplace Indiana
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mary Gloser(b) Address 1429 N. 24th St.17. (a) Burial (b) Date thereof 11-3-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Gullinane Bros.(b) Address 1710 N. Grand Blvd.19. (a) NOV 2 1939 (b) J.F. Budach
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 21
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1429a N. 24th St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

NO PHYSICIAN IN ATTENDANCE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 31st day October
year 1939 hour 6:10 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____
Primary Adenocarcinoma of Duodenum
with multiple metastases in liver &Due to bile ducts:
Contrib: Intestinal Obstruction
(Pyloric)

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____23. Signature Joseph M. Budach (M.D. or other) _____Address Deputy Coroner Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1 X13511

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 *Fred Trick*

Licensed Embalmer No *3186*

P. O. Address *St. Louis Mo.*

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.