

Registration District No. **701**

Primary Registration District No. _____

Registrar's No. **10102**

1. PLACE OF DEATH: **1003**
 (a) County _____
 (b) City or town **St. Louis, Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **St. Luke's Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **5 days**
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME **Julia Glauber White**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Valentine Glauber** 6. (c) Age of husband or wife if alive **42** years
 7. Birth date of deceased **September 21 1898**
 (Month) (Day) (Year)

8. AGE: Years **41** Months **2** Days **9** If less than one day
 hr. _____ min. _____

9. Birthplace **Pittsburg, Penna**
 (City, town or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER
 12. Name **Samuel Rubus**
 13. Birthplace **Austria**
 (City, town or county) (State or foreign country)
 14. Maiden name **Agnes Agnes**
 15. Birthplace **Austria**
 (City, town or county) (State or foreign country)

16. (a) Informant's own signature **Valentine Glauber**
 (b) Address **Bellville, Ill**

17. (a) **Burial** (b) Date thereof **Nov 29 1939**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellville, Ill**

18. (a) Signature of funeral director **Goodlock & Co.**
 (b) Address **Bellville, Ill**

19. (a) **Nov 27 1939** (b) **J. F. Bruck**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **2**
 (a) State **Illinois** (b) County _____
 (c) City or town **Belleville** **NR**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **24th**
 year **1939** hour **6** minute **30 pm** M.
 21. I hereby certify that I attended the deceased from **Nov 20th**
 19**39** to **Nov 24, 1939**

that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Tumor of Brain**
 Due to **Type Unknown**
 Due to **550**
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **Cerebral Anoxemia**
 Of operations **10/21/39**
 Of autopsy _____

Duration _____
 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) _____
 Means of injury _____

23. Signature **J. M. Plummer** (M. D. or other) _____
 Address **Bellville, Ill** Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39 50M-5-17-39 I X1951

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.

MARGIN RESERVED FOR BINDING

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..... *Edgar A. Baldwin.*
Licensed Embalmer No. *2846*
P. O. Address..... *Kelleville, Ill*

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.