FILED APR 1 1940

V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8982

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2465

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

1. PLACE OF DEATH:

(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: 2918 Minnesotta Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 60 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis mo. 16
(If outside city or town limits, write "RURAL")

(d) Street No. 2918 Minnesotta Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 60 Years. years.

3. (a) PRINT FULL NAME Anna Gleiforst

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 Widow

6. (b) Name of husband or wife Ferdinand Gleiforst.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased ~~Jan. 5th~~ JAN. (Month) ~~1878~~ 5 (Day) 1878 (Year)

8. AGE: Years 69 Months 2 Days 8 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Unknown
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Emma Heiser
(b) Address 2918 Minnesotta Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 15/40 (Month) (Day) (Year)
(c) Place: burial or cremation Our Redeemer

18. (a) Signature of funeral director Thos Kutis
(b) Address 2906 Gravois Ave.

19. (a) MAR 14 1940 (Date received local registrar) (b) J. B. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1940 hour 6 30 A M minute M.

21. I hereby certify that I attended the deceased from January 10th, 1935, to March 13th, 1940
that I last saw her alive on March 12th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Incompetency and Stenosis with Mitral Incompetency and tricuspid incompetency — Duration 5 Years

Due to

Due to

Other conditions Sclerotic Degeneration — 5 Yrs
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature William Baron (M. D. ~~or other~~)
Address 3601 A. S. Jefferson Date signed 3/13/40

(Licensed Embalmer's Statement on Reverse Side)

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

Signed Leo Budde

Licensed Embalmer No. 3989

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.