

Registration District No. **791** Primary Registration District No. **1003**

**1. PLACE OF DEATH:**  
 (a) County St Louis  
 (b) City or town \_\_\_\_\_  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: General  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 years, months or days) 20 yrs

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri County UNIVERSITY  
 (c) City or town St Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 729 Westgate N.R.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 20 years

**3. (a) FULL NAME** ROBERT GLINER  
 3. (b) If veteran, No name war \_\_\_\_\_  
 3. (c) Social Security No. None  
 4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Anna  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Feb 10 1908  
 (Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month March day 30  
 year 1940 hour \_\_\_\_\_ minute 1:50 P. M.  
 21. I hereby certify that I attended the deceased from March 29  
 \_\_\_\_\_, 1940, to March 30 1940;  
 that I last saw him alive on 3-29 1940  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years 32 Months 1 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace Russia  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation newsdealer  
 11. Industry or business newspaper  
**MOTHER** { 12. Name Anna Gliner  
 13. Birthplace Russia  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Hanna Baskin  
 15. Birthplace Russia  
 (City, town, or county) (State or foreign country)

Immediate cause of death Septicemia  
cellulitis of nose caused by picking nose  
 Due to \_\_\_\_\_ 3 days  
 Due to \_\_\_\_\_  
 Other conditions Rheumatic Heart Disease years \_\_\_\_\_  
E Stenosis & Fibrillation  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 95B-  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Anna Gliner  
 (b) Address 729 Westgate  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-40  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation Church Kadisha  
 18. (a) Signature of funeral director J. F. Dedek  
 (b) Address 4469 Washington  
 19. (a) MAR 31 1940 (Date of registration) (b) J. F. Dedek (Registrar's signature)

**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?  
81111  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature Melvin B. Kratzer (M. D. or other) \_\_\_\_\_  
 Address 601 Humboldt Bldg Date signed 3-30-40

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

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.....

*myself*  
.....  
working under my personal supervision.

....., Registered Apprentice No.....

Signed *W. J. Benhandler*  
.....

Licensed Embalmer No. *3469*  
.....

P. O. Address.....

**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.**