

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1407

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Northwoods Pine Lawn

(c) Name of hospital or institution: Edgewood Nursing Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Year  
(Specify whether)

In this community Birth  
years, months or days

3. (a) PRINT FULL NAME Clara M. Glass 420

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles W. Glass

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased December 7, 1875  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>7</u>	<u>20</u>	hr. <u>5</u> min. <u>0</u>

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER { 12. Name Carl Lang

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

14. Maiden name Katherine Doll

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles W. Glass

(b) Address 4672 Lee Ave

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 7/29/40  
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUL 29 1940 (Date received local registrar)

(b) R. Meyer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 4672 Lee Ave  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 27  
year 1940 hour 1am minute — M.

21. I hereby certify that I attended the deceased from 8-14-39  
to 7-27, 1940,  
that I last saw her alive on 7-26, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis 6 da  
Duration

Due to Arteriosclerosis 25 yrs

Due to Respiratory stroke 8 yrs

Other conditions Hypertension 15 yrs  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations gna

Of autopsy \_\_\_\_\_

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?  
NO

(Specify type of place) \_\_\_\_\_  
(While at work?) (e) Means of injury \_\_\_\_\_

23. Signature R. Meyer (M. D. or other) 1 M

Address 340 Bermuda Date signed 7-27-40

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

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**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

*Edward Hampton*

Licensed Embalmer No. *2967*

P. O. Address *H. L. Loefer, 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.**