S. No. 2
4-13-40
5-17-39
P I X23159

FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27024

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 6920

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

1. PLACE OF DEATH:

(a) County

(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. John Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks, 4 da (Specify whether years, months or days)

In this community 30 yrs.

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. 4070 Concordia
(If rural, give location)

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

3. (a) PRINT FULL NAME Wilhelmina Glatt

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 Jacob P. Glatt

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Sept. (Month) 18 (Day) 1881 (Year)

8. AGE: Years 58 ~~59~~ Months 10 Days 27 If less than one day ____ hr. ____ min.

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

10. Usual occupation housewife

11. Industry or business at home

MOTHER FATHER

12. Name John Mueller

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

14. Maiden name Katherina Crull

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

16. (a) Informant Jacob Glatt

(b) Address 4070 Concordia

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug. 17/40 (Month) (Day) (Year)

(c) Place: burial or cremation Old St. John Cem.

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Ave.

19. (a) AUG 16 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15 year 1940 hour 6 Six minute 45 A.M.

21. I hereby certify that I attended the deceased from July 28, 1940, to Aug 4, 1940, that I last saw her alive on Aug 14, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac arrhythmia — Duration

Due to

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Robt J. Hyland (M. D. or other)

Address 3901 Park Ave Date signed 8-16-40

(Licensed Embalmer's Statement on Reverse Side)

Dr. A. Hyland
3901 S. Park

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 Wilson Collins

Licensed Embalmer No. 3887

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, fact should be so stated above.