

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 32432

Registration District No. 470

Primary Registration District No. 5633

Registrar's No. 124

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Mt. Vernon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 222 days 3  
In this community 222 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Cyrilla Glueck

8. (b) If veteran, No name war. (c) Social Security No. None known

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased February 3d 1919  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>21</u>	<u>7</u>	<u>27</u>	hr. min.

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

10. Usual occupation Housework

11. Industry or business

12. Name Herman Glueck

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

14. Maiden name Mary A. Scherer

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

16. (a) Informant E. McMichael Record Clerk

(b) Address Missouri State Sanatorium

17. (a) Removal (b) Date thereof Oct 1 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chaffee Mo

18. (a) Signature of funeral director W. D. Forsett

(b) Address Mt. Vernon, Mo 421

19. (a) Sep. 30, 1940 (b) P. A. HOLMES  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott  
(c) City or town Chaffee  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30th  
year 1940 hour 4:55 minute P M.

21. I hereby certify that I attended the deceased from February 21st, 1940, to Sept. 30, 1940; that I last saw her alive on Sept. 30th, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis  
Duration About One year

Due to

Due to 72

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

PHYSICIAN

Underlines 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) (e) Means of injury

23. Signature Paul H. Medic M.D. (M. D. or other)

Address Mt. Vernon, Mo Date signed 9-30-40

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

RECEIVED

District Health Officer No. 6,

District File Number 1040-2761

Date Filed ~~007-27-1940~~

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 Max

Fosselt, Registered Apprentice No. 268  
working under my personal supervision.

Signed N. H. Fosselt  
Licensed Embalmer No. 2701  
P. O. Address Mt. Vernon, 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.