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7-39
X221159

MAY 13 1941

Registration District No. 791

Primary Registration District No. 1003

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: City Hosp. #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME George F. Glock

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Mary E. Glock

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July 17, 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 6
If less than one day hr. _____ min. _____

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

10. Usual occupation Machinist

11. Industry or business _____

12. Name Henry Glock

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

14. Maiden name Mary Yeager

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

16. (a) Informant Henry Glock

(b) Address 4331a Shaw

17. (a) Burial (b) Date thereof 4-26-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sumbo, Mo.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) APR 25 1941 (b) J. N. Brudvik
(Date of issue) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4228 Botanical
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1941 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis (Generalized) Cardiac Hypertrophy

Due to _____

Due to _____

Other conditions etc
(Include pregnancy within 3 months of death)

Major findings: Of operations etc

Of autopsy etc

Duration _____

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? _____

While at work _____ (Specify type of place) _____
in _____ means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address [Signature] Date signed 4/23/41

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.....

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

Signed *A. P. Burgess*

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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.