

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16212

State File No. _____

Registration District No. 701

Primary Registration District No. 1003

Registrar's No. 3730

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
11 & Madison.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County SOB.
(c) City or town St. Louis. (If outside city or town limits, write "RURAL")
(d) Street No. 1817 N. Market St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jake Gluckhertz.

3. (b) If veteran, name war No. 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 Cora Gluckhertz 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased April 11 1881.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>0</u>	<u>18</u>	_____ hr. _____ min.

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

10. Usual occupation Laborer, Unemployed.

11. Industry or business _____

12. Name Unknown.

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

14. Maiden name Unknown.

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

16. (a) Informant Albert Gluckhertz.

(b) Address 1318 N. Market St.

17. (a) Burial (b) Date thereof 5-2-41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co

(b) Address 2223 St. Louis ave.

19. (a) MAY 1 1941 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th
year 1941 hour 1:06 minute 0 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 Coronary Sclerosis with
chronic Myocardial Fibrosis
Due to Contrib: Chronic Parenchy-
matous Nephritis
Due to _____

Duration

Other conditions 1318
(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? _____

While at work? _____ (Specify type of place) (b) Means of injury _____

23. Signature Thomas F. Callahan (M. D. or other) 3
Address Deputy Coroner Date signed 5/1/41

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..... *Homer L. Ponder*

Licensed Embalmer No. *3367*

P. O. Address..... *2223 St. Louis*

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.