No. 2
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X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 9 1942

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42928

Primary Registration District No. 700

Registrar's No. 2643

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town FLORISSANT MO (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: FLORISSANT STATION R. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether

In this community 78 yr (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ST. LOUIS 96

(c) City or town Florissant MO (If outside city or town limits, write "RURAL")

(d) Street No. FLORESSIANT STATION R1 (If rural, give location) BOX 162

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ANNA GLASER

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 WIDOWED

6. (b) Name of husband or wife CHRIST GLASER

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

7. Birth date of deceased JAN. (Month) 20 (Day) 1863 (Year)

8. AGE: Years 78 Months 11 Days 6 If less than one day hr. min.

9. Birthplace ST. Louis (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business

FATHER
12. Name William Seiving
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name SOPHIA MOHELMANN
15. Birthplace ST. Louis (City, town, or county) MO. 0 (State or foreign country)

16. (a) Informant Edward G Glaser

(b) Address Florissiant Station R. 1

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 29-1941 (Month) (Day) (Year)

(c) Place: burial or cremation SALEM LUTH. Cem

18. (a) Signature of funeral director Diedrich F. HOME

(b) Address 8319 HALLS FERRY RD.

19. (a) DEC 27 1941 (Date received local registrar) (b) E. J. McCadrin MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 26 year 1941 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from Jan. 1 1940 to Dec 26 1941 that I last saw her alive on Dec 23 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoris	2 yr
Due to miocardixis, chronic.	3
Due to Mitral Regurgitation	0
Other conditions none (Include pregnancy within 3 months of death)	

Major findings: Of operations none

Of autopsy none

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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) no

(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 0

23. Signature Dr. N. F. Miller (M. D. or [redacted])

Address 8410 N. Bdway St Louis Mo. Date signed 12/27/41

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(Licensed Embalmer's Statement on Reverse Side)

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 Francis C. Williamson

Licensed Embalmer No. 3565

P. O. Address 7401 Zephyr

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.