

S. No. 2  
M-1-4-41  
v. 5-17-39  
W-I X28390  
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19  
9

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

FILED FEB 24 1942 1  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital  
(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 Mo (b) County \_\_\_\_\_  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 4454 Natural Bridge (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Glazer  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day 9, year 1942 hour 3:45 minute \_\_\_\_\_ P. M.

4. Sex Male 5. Color or 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

21. I hereby certify that I attended the deceased from December 29 to January 9, 1942; that I last saw him alive on January 9, 1942; and that death occurred on the date and hour stated above.

7. Birth date of deceased: April 29th, 1862 (Month) (Day) (Year)

Immediate cause of death Carcinoma of the prostate Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
79 8 10 hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Edwardsville, Ill. (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Factory Worker

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Louis Glazer  
13. Birthplace Ill (City, town, or county) (State or foreign country)  
14. Maiden name Barbara Frederick  
15. Birthplace Germany (City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Mrs. Emma Murphy  
(b) Address 4454 Natural Bridge  
17. (a) Burial (b) Date thereof 1/12/42 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bethany Cemetery

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

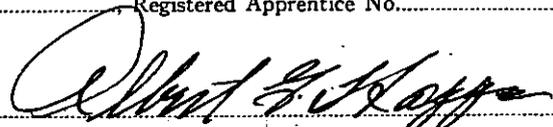
18. (a) Signature of funeral director Kraeger-Voss-Fix  
(b) Address 3402 N. Kingshighway  
19. (a) JAN 11 1942 (b) J. F. Braddock (Date received local registrar) (Registrar's signature)

23. Signature J. F. Braddock (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Date signed 1/10/42

**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.....



Licensed Embalmer No..... 2971

P. O. Address.....

**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.**