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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4370

Registration District No. 791 Primary Registration District No. 100 Registrar's No. 1385

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 #1 X
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 24 000 17

(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2838 MISSOURI AV.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Augusta Glassman

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife EMIL GLASSMANN

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased FEB. (Month) 8 (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
69	0	4	hr. min.

9. Birthplace NO. (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER.

11. Industry or business

MOTHER FATHER

12. Name UNK SCHRADER

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

MOTHER

14. Maiden name UNKNOWN

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

16. (a) Informant Emil Glassmann

(b) Address 2838 Missouri Av

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 13 1942 (Month) (Day) (Year)

(c) Place: burial or cremation ST. MATTHEWS

18. (a) Signature of funeral director E. J. Schmer

(b) Address 3125 Lafayette Av

19. (a) FEB 14 1942 (Date received local registrar) (b) J. F. Medeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12, year 1942 hour 5:10 minute A. M.

21. I hereby certify that I attended the deceased from February 6, 1942, to February 12, 1942 that I last saw her alive on February 12, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Refused.

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Don Peterson (M. D. or other)

Address 1515 Lafayette Avenue. Date signed 2/13/42

(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~~ .....

Jos B Vollmer ..... Registered Apprentice No. .....,

working under my personal supervision.

Signed Jos B Vollmer

Licensed Embalmer No. 21014

P. O. Address 3135 Lafayette Av.

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.