

FILED APR 8 1942 791

Registration District No. Primary Registration District No. 1003

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: 7524 Vermont  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 7524 Vermont  
(If rural, give location)

(e) Attending Physician  
(If yes, name of country) (Yes or No) 0

3. (a) PRINT FULL NAME Johanna Gleich

MEDICAL CERTIFICATION

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

20. DATE OF DEATH: Month March day 11  
year 1942 hour 1.00 minute A. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Jacob Gleich 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 9 1870  
(Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day

71 6 1 2 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Lobar Pneumonia

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

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

9. Birthplace Jefferson Co. Mo.  
(City, town, or county) (State or foreign country)

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

10. Usual occupation Housewife

Major findings: \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Of operations \_\_\_\_\_

12. Name August Redhage

Of autopsy \_\_\_\_\_

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

14. Maiden name Katherine Bunte

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

16. (a) Informant Mary Redhage  
(b) Address 7524 Vermont

17. (a) Burial (b) Date thereof 3/13/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Schumacher Hud Co  
(b) Address 3013 Meramec

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) (e) Means of injury 3

23. Signature Thomas J. Callahan M. D. or other) \_\_\_\_\_  
Address Deputy Coroner Date signed 3/12/42

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

20  
17  
9

56

Reason

**STATEMENT BY LICENSED EMBALMER**

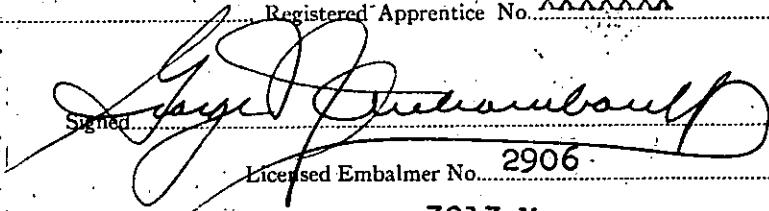
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

**George N. Archambault**

Registered Apprentice No. **XXXXXXX**

working under my personal supervision.

Signed.....



Licensed Embalmer No. **2906**

P. O. Address. **3013 Meramec**

**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.**