

S. No. 2
 (—9-4-41
 5-17-39
 P I X29484

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **22775**
 Registrar's No. **6276**

File No. **AUG 6 1947 91**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Little Sisters of the Poor
(If not in hospital or institution, give street number and location)
 (d) Length of stay: In hospital or institution..... **2 mo.**
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... **Missouri** (b) County..... **Montgomery**
 (c) City or town..... **Rhineland** **70 NR**
(If outside city or town limits, write "RURAL")
 (d) Street No..... **0**
(If rural, give location)
 (e) Citizen of foreign country?..... **0** (Yes or No)
 If yes, name country..... **1**

3. (a) PRINT FULL NAME **Fritz Glae**
 3. (b) If veteran, name war.....
 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **July** day **23**
 year **1942** hour..... minute..... M.

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Mary Glae**
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased **April 17 1850**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 1** 19**42** to **July 23** 19**42**
 that I last saw him alive on **July 22** 19**42**
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
92 3 6 hr. min.

Immediate cause of death
chronic myocarditis embolus

9. Birthplace **Unk.** **Germany**
(City, town, or county) (State or foreign country)

Due to.....
 Due to **arterio-sclerosis embolus**

10. Usual occupation **Farmer**

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations **none**

12. Name **Henry v Glae**
 13. Birthplace **Unk.** **Germany**
(City, town, or county) (State or foreign country)

Of autopsy **no**

14. Maiden name **Unk.** **Hogedman**
 15. Birthplace **Unk.** **Germany**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following: **no**

16. (a) Informant **Clara Oberkamp**
 (b) Address **Bluxtann, Missouri**

(a) Accident, suicide, or homicide (specify).....

17. (a) **Burial** (b) Date thereof **7/26/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence.....

(c) Place: burial or cremation **Starkenbourg, Missouri**

(c) Where did injury occur?.....
(City or town) (County) (State)

18. (a) Signature of funeral director **Albert H. Hoppe Inc.**
 (b) Address **4700 Washington Ave.**

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) (e) Means of injury

19. (a) **24 1947** (b) **J. J. Busch**
(Date received local registrar) (Registrar's signature)

23. Signature **W. B. Schneider** (M. D. or other) **MD**
 Address **2318 S Grand** Date signed **7-24-42**

844 (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.....

J. J. Sullivan

Licensed Embalmer No. *1122*

P. O. Address *4700 Washington*

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.