S. No. 2
M—5-42
. 5-17-39
PI X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 25859

Registration District No. 318 Primary Registration District No. Registrar's No. 7260

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: Park Lane Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community 60 years

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County
(c) City or town St. Louis 11 10
(If outside city or town limits, write "RURAL")
(d) Street No. 4258 Red Bud Ave. 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Rudolph W. Glandt

3. (b) If veteran, name war --

3. (c) Social Security No. 488-18-6959

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Erma Ehrler

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased June (Month) 1 (Day) 1865 (Year)

8. AGE: Years 77 Months 2 Days 29 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Packer

11. Industry or business Lammert Furniture Co.

FATHER
12. Name Frederick Glandt
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Louise Stahl
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Emma Glandt
(b) Address 4258 Red Bud Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 2, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Baiderwieden F. Home Inc.
(b) Address 1936 St. Louis Ave.

19. (a) AUG 31 1942 (Date filed with local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30 year 1942 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 30, 1942, 19..., to Aug. 30, 1942 19...; that I last saw him alive on Aug. 29, 1942 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Conjestive heart failure,	July 30, 1942
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Ch. Int. Nephritis,	July 30, '42

PHYSICIAN

Major findings: ----------
Of operations
Of autopsy ----------

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

23. Signature [illegible] (M. D. or other)
Address 320 Metropolitan Bldg. Date signed 8/31/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. O. C. Raines

301 Metrop. Bldg.

9-11 1-36-8

5101

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 Felix J. Krieger

Licensed Embalmer No. 3497

P. O. Address 1936 St Louis

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.