

Registration District No. **318**

Primary Registration District No. **1002**

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:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day
(Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 919 S. Skinker Blvd.
(If rural, give location).
(e) Citizen of foreign country? NOX (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME INFANT GLAZE

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Jan. 13 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 hr. 1 min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name Kenneth F. Glaze
13. Birthplace Coffey Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Estelle Herget
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant K. F. Glaze
(b) Address 919 S. Skinker Blvd
Cremation (b) Date thereof 1-14-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Alexander Sons
(b) Address 6175 Delmar Blvd

19. (a) JAN 15 1943 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 14 day.....
year 1943 hour 2 PM minute..... M.

21. I hereby certify that I attended the deceased from Jan 13, 1943 to Jan 14, 1943

that I last saw him alive on Jan 14 and that death occurred on the day and hour stated above.
Immediate cause of death Prematurity Duration

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy.....

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?.....

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

23. Signature Park White (M.D. or other)
Address 337 N. Euclid Date signed 1-15-43

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

MOTHER FATHER

Dr. — Park White
337 No Euclid

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. *not embalmed*

Signed *jos e McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *617 58 Pellmar*

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.