No. 2
—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 2 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4215

State File No. 1558

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks (Specify whether years, months or days)
In this community 55 years

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis
(c) City or town Lemay (If outside city or town limits, write "RURAL") R.F.D.
(d) Street No. Box 250, Route No. 9 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Christina Gleiforst

3. (b) If veteran, name war – – –
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Adolph Gleiforst
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased February (Month) 2nd (Day) 1872 (Year)

8. AGE: Years 71 Months 0 Days 13 If less than one day hr. min.

9. Birthplace Rush (City, town, or county) Poland (State or foreign country)
10. Usual occupation At Home
11. Industry or business

FATHER
12. Name George Muller
13. Birthplace (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Maggie Grotpeter
15. Birthplace (City, town, or county) Russia (State or foreign country)

16. (a) Informant Mr. Adolph Gleiforst
(b) Address Box 250, Rt. 9, Lemay, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/43 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director BEIDERWIEDEN F.HOME, INC.
(b) Address 1936 St. Louis Avenue
19. (a) FEB 17 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15th year 1943 hour 3 minute 45 A.M.
21. I hereby certify that I attended the deceased from Jan 9 1943, to Feb 14 1943, that I last saw h[illegible] alive on Feb 14 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach — Duration
Due to Left Metastasis in Liver
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? (Specify type of place)
While at w[illegible]
(e) Means of injury

23. Signature L. H. Kaufman (M. D. or other)
Address 113 Brownsville Bldg Date signed 2/15/43

(Licensed Embalmer's Statement on Reverse Side)

AUG 5 1948

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. Krispin

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.