

FILED APR 3 1948
Registration District No. **53**

Primary Registration District No. **3010**

16
1
4

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

1. PLACE OF DEATH:
(a) County **CAPE GIRARDEAU**
(b) City or town **CAPE GIRARDEAU**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **ST. FRANCIS HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 DAYS**
In this community **71 years 3 mo 6 days**
years, months or days **10 days** (Specify whether)

3. (a) PRINT FULL NAME **JOSEPH GLASTETTER**
3. (b) If veteran, name-war **NO**
3. (c) Social Security No.

4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **ELIZABETH GLASTETTER**
6. (c) Age of husband or wife if alive **71** years
7. Birth date of deceased **DEC 13 1871**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	3	6	hr. min.

9. Birthplace **NEW HAMBURG MOO**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business
12. Name **JOSEPH GLASTETTER**
13. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)
14. Maiden name **LOUISE GLAUS**
15. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

16. (a) Informant **Gene M. Glastetter**
(b) Address **Kelso Rural 940**
17. (a) **KELSO Rural** (b) Date thereof **MAR 22 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **ST. AUGUSTINE**

18. (a) Signature of funeral director **M. J. ...**
(b) Address **Cape Girardeau 440**
19. (a) **5-20-48** (b) **F. H. Phelps**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **SCOTT**
(c) City or town **KELSO MO**
(If outside city or town limits, write "RURAL")
(d) Street No. **MAIN** (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **1**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **MAR** day **19**
year **1948** hour **1** minute **05 P.** M.

21. I hereby certify that I attended the deceased from **March 9 1948** to **March 19 1948**
that I last saw him alive on **March 19 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	2 wks
myocarditis	1 yr
hypertrophy of prostate	1 yr

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: **137a**
Of operations
Of autopsy
PHYSICIAN

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 **P. G. Ritter, M.D.** (M. D. or other)
Address **Cape Girardeau, Mo** Date signed **2-24-48**

1014

RECEIVED

District Health Officer No. 4
District File Number 443-2056
Date Filed 4-7-43

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.....

C. J. Lohrey

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau Mo.

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.