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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15371

FILED MAY 6 1943

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 803

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Missouri Rich Hgts
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St Marys Hospital 6420 Clayton Av.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 9

(c) City or town St Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 8I4 Soulard Street.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joseph Glaser

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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 December 4 1942
(Month) (Day) (Year)

8. AGE: Years | Months 3 | Days 27 | If less than one day hr. min.

9. Birthplace St Louis Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Joseph Glaser Sr.
13. Birthplace Jugo Slavia 8
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marian Blumshein
15. Birthplace St Louis Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Glaser Sr.
(b) Address 8I4 Soulard Street.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope Cemetery

18. (a) Signature of funeral director Wm E. Mozwell
(b) Address I926 Allen Av.

19. (a) APR 5 1943 (Date received local registrar) (b) C. G. McGarrigan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day I
year 1943 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Mar. 22, 43 to April 1, 1943, to , 19
that I last saw him alive on April 1, 1943, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Septicemia	
Due to Bacteremia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Yes	

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 work? (e) Means of injury

23. Signature Anthony F. Caravelli M.D. (M. D. or other)
Address St. Marys Hospital Date signed

(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 mr.

....., Registered Apprentice No.....,

working under my personal supervision.

Signed: Wm. E. Moydell

Licensed Embalmer No. 1467

P. O. Address 1926 allen ave

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.