

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

FILED JUN 4 1943 318

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6239 San Bonita
(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

3. (a) PRINT FULL NAME Bessie Glauber

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elkan W. Glauber 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July 25 1877
(Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Dayton Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Benjamin Weil

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

14. Maiden name Unknown

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

16. (a) Informant Elkan W. Glauber

(b) Address 6239 San Bonita

17. (a) Burial (b) Date thereof 5-19-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Rindskopf

(b) Address 5216 Delmar Blvd.

19. (a) J. J. Brodeur (b) _____
(Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17
(c) City or town St. Louis 95
(If outside city or town limits, write "RURAL")
(d) Street No. 6239 San Bonita
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1943 hour 2 minute 300 M.

21. I hereby certify that I attended the deceased from 11-8-43
_____ 19____ to May 17 1943
that I last saw her alive on May 16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Colon
Recls sigmoid. Duration 6 mos.

Due to Primary in Recls sigmoid

Other conditions none
(Include pregnancy within 3 months of death) 46

Major findings: Cancer Recls sigmoid PHYSICIAN _____
Of operations _____
Of autopsy non
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 Shawmiller (M. D. or other) _____
Address 408 Southwest Blvd Date signed 6/18/43

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

Chas. W. Cooper

Licensed Embalmer No.

38630

P. O. Address

5216 Delmar

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.