S. No. 2
M—2-43
5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26046

FILED JUL 31 1943

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1789

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Wellston (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7100 Wabada Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Wellston (If outside city or town limits, write "RURAL")
(d) Street No. 7100 Wabada Ave. (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) If yes, name country .....

3. (a) PRINT FULL NAME Louise Glauert
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 Henry Glauert Sr.
6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased Mar. (Month) 17 (Day) 1861 (Year)
8. AGE: Years 82 Months 4 Days 9 If less than one day ..... hr. ..... min.
9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....
12. FATHER Name Gottloebe Warmann
13. FATHER Birthplace Germany (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Charolett Wackel
15. MOTHER Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Henry Glauret Sr.
(b) Address 7100 Wabada Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem.
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) JUL 29 1943 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1943 hour 7 minute A M.
21. I hereby certify that I attended the deceased from 5-2, 1943 to 7-26, 1943 that I last saw her alive on 7-25, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia
Due to Senility
Due to Pernicious Anemia & Stomach
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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 [illegible] M.D. (M. D. or other)
Address 7301 Natural Bridge Rd. Date signed 7-27-43

(Licensed Embalmer's Statement on Reverse Side)

7301 Nat Bridge
3-5-87-8 Mc, 4064

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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

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.