

FILED JAN 20 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 147

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: Jewish Hospital
(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 47 years

3. (a) PRINT FULL NAME Louis Glazer

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 married

6. (b) Name of husband or wife Lena Spector Glazer

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 2, 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>4</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace Wilno Poland
(City, town, or county) (State or foreign country)

10. Usual occupation contractor

11. Industry or business painting & paperhanging

12. Name Judah Glazer

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

14. Maiden name Rebecca (unk)

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

16. (a) Informant Mrs. Sarah Lazaroff

(b) Address 5114 Lotus ave.

17. (a) burial (b) Date thereof 1/7/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson ave.

19. (a) JAN 19 1944
(Date received local registrar)

J. F. Bredenk
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 5137 Lotus ave.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5
year 1944 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan 5
1, 1944, to Jan 5, 1944
that I last saw him alive on Jan 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death bronchial pneumonia Duration 1 day

Due to RT Hemiplegia

Due to Central Hemorrhage

Other conditions Hypertension
(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 work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Harold Keff (M. D. or other) _____

Address 607 N. Grand Date signed 1/7/44

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

2
-43
-39
135697

JAN 7 1944

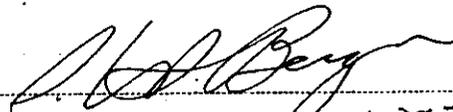
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No.

1597

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.