

2  
43  
39  
35897

Coroner

State File No. 347

Registrar's No. 859

FILED FEB 4 1944  
318  
Registration District No.

Primary Registration District No.

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:  
4824 Lee Ave  
(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.....

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

(d) Street No. 4824 Lee Ave  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Dr. Roy S. Glosemeyer

3. (b) If veteran, name war.....

3. (c) Social Security No. 488-03-338

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26  
year 1944 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

4. Sex M

5. Color or Race W

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 March 31 1905  
(Month) (Day) (Year)

that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....

8. AGE: Years Months Days If less than one day

38	9	26	
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hr. min.

Duration

Coronary Occlusion

Due to.....

Due to.....

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

10. Usual occupation Chiropractor & Machinist

11. Industry or business.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

MOTHER, FATHER

12. Name Otto Glosemeyer

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

14. Maiden name Olivia Baumann

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

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Louis Elfen

(b) Address 4824 Lee Ave

17. (a) Burial (b) Date thereof 1/29/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation St. Charles, Mo

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) JAN 27 1944 (b) Jet Breckard  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (a) Means of injury h

23. Signature Thomas F. Callahan (M. D. or other)  
Address Deputy Coroner Date signed 1-27-44

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

MAR 8

**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 Sheldon Collier

Licensed Embalmer No. 3382

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.**