S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5152

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1690

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:
3841 S. Compton 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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 7/6
(If outside city or town limits, write "RURAL")

(d) Street No. 3841 S. Compton Ave
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Minnie B. Glunz

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jacob Glunz

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased July 3 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 7[illegible] Days 17 If less than one day ---m.---min.

9. Birthplace Ill. /
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business At Home

FATHER
12. Name Hy. Schindler
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Christine Wadsack
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Jacobe Glunz
(b) Address 3841 S. Compton Ave

17. (a) Burial (b) Date thereof 2-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Wingbermuehle Funeral Home
(b) Address 3819 S. Grand Blvd.

19. (a) FEB 21 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
year 1944 hour 7 A. M. minute M.

21. I hereby certify that I attended the deceased from 4/8/43, 19 to 2/20, 1944;
that I last saw her alive on 2/19/44, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocardial	10 Months
Due to	
Due to	
Other conditions arterial sclerosis (Include pregnancy within 3 months of death)	???

93

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? (e) Means of injury 0

23. Signature William Lemke (M. D. or [illegible])
Address 3450 Gravois Date signed 2/24/44

(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.....

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

working under my personal supervision.

Signed John Ogonoski

Licensed Embalmer No. 3398

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.