

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
17

(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
9

(d) Street No. 1910 A Senate Str.  
(If rural, give location)  
23

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

3. (a) PRINT FULL NAME LENA GLEICH

(b) If veteran, name was No

3. (c) Social Security No. -----

4. Sex Female 5. Color or race Wht.

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

6. (b) Name of husband or wife John Gleich

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

7. Birth date of deceased Unknown about 1867  
(Month) (Day) (Year)

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

About 77 Unknown \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Charles Voelp

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

14. Maiden name Unk.

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

16. (a) Informant Rose Gleich

(b) Address 1910 A Senate Str.

17. (a) Burial (b) Date thereof 4/1/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary

18. (a) Signature of funeral director H. C. Howell

(b) Address 1926 Allen Ave.

19. (a) MAR 31 1944 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th  
year 1944 hour 9:55 minute P. M.

21. I hereby certify that I attended the deceased from March 16th  
1944, to March 29th 1944  
that I last saw h. er alive on March 29th 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of head of pancreas

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none

Of autopsy refused

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) MD  
Address 1515 Lafayette Date signed 3/30/44

**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 WME

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed W. L. Moydell  
Licensed Embalmer No. 1467  
P. O. Address 1926 Allen

**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.**