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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17667

FILED MAY 18 1944

Registration District No. 3014 — Primary Registration District No. 3010 — Registrar's No. 164

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 hours (Specify whether
In this community 11 hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County ~~Scott~~ St. Louis 000
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 7109 Vermont Ave 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Mary Emma Glueck
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 2 Widow
6. (b) Name of husband or wife Herman Glueck
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Dec (Month) 20 (Day) 1880 (Year)

8. AGE: Years 63 | Months 4 | Days 23 | If less than one day ___ hr. ___ min.

9. Birthplace Scott Co (City, town, or county) Mo O (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business
FATHER
12. Name John G Scherer
13. Birthplace Scott Co (City, town, or county) Mo O (State or foreign country)
MOTHER
14. Maiden name Katherine Heuring
15. Birthplace Scott Co (City, town, or county) Mo O (State or foreign country)
16. (a) Informant Mrs Minnie Ashton
(b) Address St Louis Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 16 (Day) 1944 (Year)
(c) Place: burial or cremation St Lawrence Kelso Mo
18. (a) Signature of funeral director Bistlinghoff & Hubbard
(b) Address Chaffee Mo
19. (a) 5-15-44 (Date received local registrar) (b) A. K. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 5 day 13
year 1944 hour 11 minute 45 P. M.
21. I hereby certify that I attended the deceased from 5/13, 1944 to 5/13, 1944
that I last saw her alive on 5/13, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy	
Due to	
Due to	
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? (e) Means of injury
23. Signature [signature] (M. D. or other) MD
Address Cape Girardeau Mo Date signed 5/14/44

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 544-386

Date Filed 5-16-44

MAY 24 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 Mannie Bugenhoff

Licensed Embalmer No. 3242

P. O. Address Chaffee Mo.

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.