

FILED FEB 13 1945
Registration District No. 3063

Primary Registration District No. 3063

Registrar's No. 361

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Chayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution 2-2-45 - 2-7-45
(Specify whether
In this community 40 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town Chayton Wellston, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 6339 Roberts
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GLATZ, OSCAR
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2 day 7
year 45 hour 4 minute 25 P.M.
21. I hereby certify that I attended the deceased from 2-2
1945 to 2-7 1945

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife Martha Schief (Dec) 6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased 7-23-71
(Month) (Day) (Year)

that I last saw him alive on 2-7 1945 and that death occurred on the date and hour stated above.

Immediate cause of death PHRYMONIA CEREBRAL ACCIDENT

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>6</u>	<u>15</u>	<u> </u> hr. <u> </u> min.

Due to
Due to

9. Birthplace Black Jack, Mo.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation none
11. Industry or business none

Major findings:
Of operations
Of autopsy

MOTHER FATHER
12. Name Michael Glatz
13. Birthplace unknown Foreign Co. Germany
(City, town, or county) (State or foreign country)
14. Maiden name Ruth Ferraro
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

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?

16. (a) Informant George Glatz - Son
(b) Address 2146 Yale
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10 - 45
(Month) (Day) (Year)
(c) Place: burial or cremation Waltham Cem.

While at work? (Specify type of place)
(e) Means of injury
23. Signature W. H. Lewis (M. D. or other)
Address St. Louis Co. Mo. Date signed 2-7-45

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave
19. (a) 2/8/45 (Date received local registrar) (b) E. H. McLaughlin (Registrar's signature)

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

6
2
3

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 3454
....., Registered Apprentice No.....
working under my personal supervision.

Signed David C. Gibson
Licensed Embalmer No. 3454
P. O. Address 7456 Manchester

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.