

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11255

FILED APR 23 1945 18

State File No. ....

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 3128

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: PARK LANE HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 day  
(Specify whether  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6456 Arsenal 13  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Virginia Glaser

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife William Glaser 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased 8 2 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 8 4 ..hr. ....min.

9. Birthplace Franklin County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Name of business None  
12. Name William Woodcock  
13. Birthplace Lonedell, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Light

15. Birthplace Franklin County Mo  
(City, town, or county) (State or foreign country)  
William Glaser

16. (a) Informant William Glaser

(b) Address 6456 Arsenal, St. Louis, Mo.  
Burial Removal (c) Date thereof 4-10-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodcock Home Cemetery  
Lonedell, Mo.

18. (a) Signature of funeral director C. H. ...  
(b) Address 6464 Chippewa, St. Louis, Mo.

19. (a) APR 9 1945 (Date received local registrar)  
J. J. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 6  
year 1945 hour 6 minute 35 P.M.  
21. I hereby certify that I attended the deceased from 4-6  
1945 to 4-6 19 45  
that I last saw her alive on 4-6 19 45  
and that death occurred on the date and hour stated above.

Immediate cause of death acute inf.  
Heart  
Due to Chn myocarditis

Due to .....  
Other conditions (Include pregnancy within 3 months of death) 93

Major findings: Of operations .....  
Of autopsy .....

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?

23. Signature J. J. ... (M. D. or other) .....  
Address 4930 Lindell Date signed 4-10-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER OTHER

Dr. Frank Smith FO 2825

Take to the Park Lane Hospital and the Dr. Will sign

**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 *Louis C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

**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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

1125540

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

State File No. \_\_\_\_\_

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 3128

On this \_\_\_\_\_ day of \_\_\_\_\_, 194\_\_\_\_, before me appears \_\_\_\_\_

\_\_\_\_\_, who, upon \_\_\_\_\_ oath, states that the original record of birth death  
for **Virginia Glaser** <sup>died</sup> ~~2534~~ **4-6-1945**, 19\_\_\_\_, in the State of  
Missouri, and which was filed at \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, should be corrected as follows:

Item No. **3** should read **Virginia Glaser**

Instead of \_\_\_\_\_ **Virginia L. Glaser**

Item No. **6** should read **William L. Glaser**

Instead of \_\_\_\_\_ **William Glaser**

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant **William L. Glaser** <sup>Inf.</sup>  
Relationship.

**6456 Arsenal St.**  
Present Address.

Subscribed and sworn to before me this **22** day of **Nov.** **1950**

My Commission expires **3-4-53** Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

