. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21226

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1602

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jennings
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5330 Hodiamont 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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Jennings
(If outside city or town limits, write "RURAL")

(d) Street No. 5330 Hodiamont Ave.
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME MARGARET GLOWCZWSKIE (Glowski)

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 Widow

6. (b) Name of husband or wife Frank Glowczwskie

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

7. Birth date of deceased March 29, 1870 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	2	16	..... hr. ..... min.

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

10. Usual occupation at home

11. Industry or business —

FATHER
12. Name Nepolian Mercille
13. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace ..... (City, town, or county) Don't Know (State or foreign country)

16. (a) Informant Vincent Glowczwskie

(b) Address 5330 Hodiamont Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18/45 (Month) (Day) (Year)

(c) Place: burial or cremation Old SS. Peter & Paul

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) JUN 18 1945 (Date received local registrar) (b) Dr. E. G. McGovran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1945 hour 12 minute 39 P.M.

21. I hereby certify that I attended the deceased from 5-22- 1945, to 6-15- 1945 that I last saw her alive on 6-15- 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute myocarditis	3 Da
Due to chronic vascular disease	2
Due to unknown	1
Other conditions (Include pregnancy within 3 months of death)	92d

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 Dr. E. E. Farley (M. D. or other)

Address 6682 Lillian Date signed 6/15/45

(Licensed Embalmer's Statement on Reverse Side)

Mr E. E. Franley
6623 Dillion

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.....

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.