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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 10 1945

State File No. 32080

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9395

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

1. PLACE OF DEATH:
(a) County
(b) City or town ~~xxxxxxxxxxxxxx~~ St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Hospital
(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 96
(c) City or town Ladue 12
(If outside city or town limits, write "RURAL")
(d) Street No. #9 Fordyce Lane NR 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Gladys M. Krisman
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 Married
6. (b) Name of husband or wife Harry E. Krisman
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased June 17 1899
(Month) (Day) (Year)

8. AGE: Years 46 Months 4 Days 12 If less than one day hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER
12. Name David Rosentreter
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace Louisville Ky.
(City, town, or county) (State or foreign country)
16. (a) Informant Harry Krisman
(b) Address #9 Fordyce Lane
17. (a) Burial (b) Date thereof 10-31-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery
18. (a) Signature of funeral director Herman Riedskopf
(b) Address 5216 Delmar Blvd.
19. (a) OCT 30 1945 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28 year 1945 hour 10 minute 20 P. M.
21. I hereby certify that I attended the deceased from Oct 6 1945, to Oct 28 1945
that I last saw her alive on Oct 27th 1945, 19
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Sclerosis — Duration
Due to Hypertension and
Due to Diabetes mellitus
Other conditions Nephritis, Glomerular
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

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 W H Olmsted M.D. (M. D. or other)
Address 3720 Washington Date signed 10/30

(Licensed Embalmer's Statement on Reverse Side)

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.....H E Burgess.....

Licensed Embalmer No.....4029.....

P. O. Address.....

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.