

FILED FEB 21 1946

Registration District No.

Primary Registration District No.

1003

Registrar's No.

654

1. PLACE OF DEATH:

(a) County
(b) City or town. St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pronounced dead at St. Luke's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Upon arrival
(Specify whether
In this community 24 years
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") 59
(d) Street No. 559 N. Skinker Rd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 21st
year 1946 hour 12:35 minute a. M.

21. I hereby certify that I attended the deceased from
_____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage from ruptured vessel
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
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?
While at work (Specify type of place) (e) Means of injury _____

23. Signature J. F. Brebeck (M. D. or other)
Address _____ Date signed 1/21/46

3. (a) PRINT FULL NAME Elsie Lehner Glessmer

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 M.

6. (b) Name of husband or wife Herman 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Aug. 28, 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 4 23 hr. min.

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

10. Usual occupation Proprietor

11. Industry or business Monogram Shop

12. Name Jacob Lehner

13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Lydia Frey

15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Irma Glessmer

(b) Address 559 N. Skinker Rd.
Cremation

17. (a) _____ (b) Date thereof Jan. 23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alyandri E. ...

(b) Address 6175 Delmar

19. (a) JAN 21 1946 (b) _____
(Date received local registrar) (Registrar's signature)

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

2537

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Jos. E. McCulloh
Licensed Embalmer No. 2460
P. O. Address 6175 Delmar

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.