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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1947
Registration District No. **318**

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **42417**
Registrar's No. **11178**

Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5226 Grace 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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5226 Grace Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martha Gleich
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 Peter 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased July 26 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 27th
year 1946 hour 1 minute 00 A.M.
I hereby certify that I attended the deceased from Dec-10- 1946 to Dec-26 1946
that I last saw her alive on Dec-26 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Aneurysm
Duration 6 hrs

8. AGE: Years Months Days If less than one day
76 5 1 hr. min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: Supertension
Of operations: None
Of autopsy: Yes

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Joseph W. Storr

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

14. Maiden name Don't Know

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

16. (a) Informant Peter Gleich

(b) Address 5226 Grace Ave/

17. (a) Burial (b) Date thereof 12/30/46
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Gebken-Benz Mort.

(b) Address 2842 Meramec St.

19. (a) DEC 28 1946 (Date received local registrar)
J. F. Brueck (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.
Supertension
Dr. J. F. Brueck

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)
or Means of injury _____
23. Signature Special Officer (M. D. or other)
Address 4015-50 Grand Date signed 12/27-46

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

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..... Me.....

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

Signed *Loron E. Percy*

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.,

St. Louis, Mo.

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.