

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

FILED FEB 20 1947
318

Registration District No. _____ Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
 (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:
St. Louis City Hospital-Max C. Starkloff
(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 MO (b) County 000
 (c) City or town ST LOUIS
(If outside city or town limits, write "RURAL") 1317
 (d) Street No. 5800 ARSENALE
Memorial (If rural, give location) 9
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME FRANK GLASNER
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12th
 year 1947 hour 11:30 minute _____ P. M. _____
 21. I hereby certify that I attended the deceased from 1/12/47
 _____, 19____, to 1/12/47, 19____;
 that I last saw him im alive on 1/12/47, 19____;
 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWER
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased JUNE 5 - 1886
(Month) (Day) (Year)

Immediate cause of death myocardial infarction
 Due to arteriosclerotic heart disease
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____
 Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

8. AGE: Years 60 Months 7 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace AUSTRIA
(City, town, or county) (State or foreign country)
 10. Usual occupation UNKNOWN

11. Industry or business _____
 12. Name JOHN GLASNER
 13. Birthplace AUSTRIA
(City, town, or county) (State or foreign country)
 14. Maiden name JULIA ?
 15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant MISS THOMPSON
 (b) Address 2331 MULLANPHY

17. (a) BURIAL (b) Date thereof 1-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen Kelly
 (b) Address 4386 Goodell
 19. (a) JAN 28 1947 (b) J. J. Bredenk
(Date received local registrar) (Registrar's signature)

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 W. M. Dwyer 1/13/47
1515 Lafayette (Date signed)

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

Howard B. Rowland

Licensed Embalmer No.

3114

P. O. Address

Oberlin 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.