

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10877**
Registrar's No. **3228**

Registration District No. **3187**
Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County **St. Louis, Missouri**
(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: **Little Sisters of the Poor (Seaside) 3400 S. Grand**
(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 **000**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **117**
(d) Street No. **3647 Dover Place** (If rural, give location) **9**
(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Dora Glas**
(b) If veteran, name war **None**
(c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **26th**
year **1947** hour **8 a.m.** minute _____ M.
21. I hereby certify that I attended the deceased from **Dec 4** 19____ to **Feb 26** 19____
and that death occurred on the date and hour stated above. **47**
Immediate cause of death: **brnks. pneumonia** **47**
Durham
Influenza today
Other conditions (include pregnancy within 3 months of death) **Arthur Shepard 47**

4. Sex **Female** 5. Color, or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Valentine Glas** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **November 21, 1860**
(Month) (Day) (Year)

Major findings: **47**
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years **86** Months **4** Days **5** If less than one day hr. _____ min. _____

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

10. Usual occupation **None**

11. Industry or business _____

12. Name **Johann Liebrum** **4**

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

14. Maiden name **Unknown**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country) **9**

16. (a) Informant **Mr. V. R. Eberhardt**

(b) Address **3647 Dover Pl.**

17. (a) Burial (b) Date thereof **3-29-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Zion Cemetery**

18. (a) Signature of funeral director **Southern Funeral Home**

(b) Address **6322 S. Grand Blvd.,**

19. (a) **MAR 26 1947** (Date received local registrar) **J. J. Breck** (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? _____

23. Signature **J. J. Breck** (Specify type of place) (e) Means of injury _____

Address **607 16 Grand** Date signed **3/26/47**

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

James B. Bly

Licensed Embalmer No.

3657

P. O. Address

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.