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DEPARTMENT OF COMMERCE
MISSOURI
FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15946
Registrar's No. 871

Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Rural, Chesterfield, R #1.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Wildhorse Creek Rd. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis, 76

(c) City or town Rural, Chesterfield, R #1.
(If outside city or town limits, write "RURAL")

(d) Street No. Wildhorse Creek Rd.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Frank M. Glaser,

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 13,
year 1947 hour 2:11 minute 40 A. M.

21. I hereby certify that I attended the deceased from Mar 15
1947, to Apr. 13 1947
that I last saw him alive on Apr. 13 1947
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 Emma Sander Glaser,

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 23, 1862
(Month) (Day) (Year)

Immediate cause of death Chr myocarditis

Due to auricular fibrillation

Due to arteriosclerosis general

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

85	1	20	
			hr. min.

9. Birthplace St. Louis Co. Mo. 11
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer,

11. Industry or business Own farm

MOTHER FATHER

12. Name Unknown Glaser,

13. Birthplace Germany 7
(City, town, or county) (State or foreign country)

14. Maiden name Luisa Hatz,

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Glaser;

(b) Address Chesterfield, Mo. R #1.

17. (a) Burial (burial, cremation, or removal) (b) Date thereof Apr. 15, 47
(Month) (Day) (Year)

(c) Place: burial or cremation Gumbo Cem. Gumbo, Mo.

18. (a) Signature of funeral director Schrader Funeral Home,

(b) Address Ballwin, Mo.

19. (a) 4-17-47 (Date received local registrar)

(b) Carole R. J. Shapton (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

Signature Ed Denny (M. D. or other)

Address Creve Coeur, Mo. Date sign 4-15-47

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 *Theo. Schrader*

Licensed Embalmer No. 3066

P. O. Address Ballerwin, 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.