

FILED SEP 3 1947

Registration District No. 176

Primary Registration District No. 5434

Registrar's No. 115

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

1. PLACE OF DEATH:

(a) County Franklin.

(b) City or town Washington "Rural" St. John's.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R. #2.
(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 28 yrs
years, months or days

3. (a) PRINT FULL NAME Sylvester William Glosemeyer.

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married!

6. (b) Name of ~~husband's~~ wife Sophia Glosemeyer. 6. (c) Age of ~~husband's~~ wife if alive 64 years

7. Birth date of deceased December 31st, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>7</u>	<u>21</u>	hr. _____ min.

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

10. Usual occupation Farming.

11. Industry or business X

12. Name Martin Glosemeyer.

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

14. Maiden name Mathilde Kuenzel.

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

16. (a) Informant Mrs. Sophia Glosemeyer!

(b) Address Washington, Mo. R. #2.

17. (a) Burial (b) Date thereof Aug. 26, 1947.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Richard Pitt, Inc.

(b) Address Washington, Mo.

19. (a) AUG 25 1947 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 36

(a) State Missouri (b) County Franklin

(c) City or town Washington "Rural"
(If outside city or town limits, write "RURAL")

(d) Street No. R. #2.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22nd.
year 1947 hour 4:00 minute _____ P.M.

21. I hereby certify that I attended the deceased from Sept 8 to Aug 27, 1947
that I last saw him live on Aug 24, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cornary atherosclerosis Duration _____

Due to athero-sclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94A

Of autopsy _____

Underline the cause to which death should be charged statistically.

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 1

23. Signature [Signature] (M. D. or other) MD

Address Washington, Mo. Date signed 8-23-47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 9-2-47

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.....

Jerome F. Snoboda
working under my personal supervision.

Registered Apprentice No. 441

Signed Lester A. Vitt

Licensed Embalmer No. 3054

P. O. Address Washington, 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.