

FILED SEP 8 1947

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Normandy  
 (c) Name of hospital or institution:  
7026 Lexington /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community \_\_\_\_\_  
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Louis 96  
 (c) City or town Normandy  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 7026 Lexington  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth M. Glicker  
 3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive Deceased years  
 7. Birth date of deceased December 8, 1872  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>8</u>	<u>19</u>	hr. min.

9. Birthplace St. Louis, Missouri  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation House Work

11. Industry or business \_\_\_\_\_  
 12. Name Joseph Krieger  
 13. Birthplace Pennsylvania  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Herman J. Springnether  
 (b) Address 7026 Lexington Ave.

17. (a) Burial (b) Date thereof Aug 29 1947  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Sts. Peter and Paul Brosschwig and Son Funeral Home

18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address 4746 W. Florissant Ave  
 19. (a) 8-29-47 (b) Paul J. Chapman  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Aug. day 27.  
 year 1947. hour 12:30 A.M. minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from May 1-47  
21 1947 to Aug 27 1947  
 that I last saw her alive on Aug 26 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Myocardial Antri. 3da,  
 Due to \_\_\_\_\_  
1316  
 Due to \_\_\_\_\_  
 Other conditions Chronic Angilitis, Indef.  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 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?  
 (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature R. J. Rigler (M. D. or other) \_\_\_\_\_  
 Address 415 8 newstead Date signed 8/28

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

96  
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**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..... *Isaac Wilkinson* .....

Licensed Embalmer No. 3575 .....

P. O. Address.....

**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.**