No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

Registration District No. #77631 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 32539

Registrar's No. 8980

WRITE PLAINLY—USING 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 1 week (Specify whether
In this community Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3638 Palm Ave. 9
(If rural, give location)

Memorial 10

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 10

3. (a) PRINT FULL NAME ERWIN GLAUSENKAMP

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased January (Month) 10 (Day) 1901 (Year)

8. AGE:

Years	Months	Days	If less than one day
46	8	14	hr. min.

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

10. Usual occupation Packer

11. Industry or business Mill Supply Co.

FATHER
12. Name Louis Glusenkamp
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Ida Stoner
15. Birthplace (City, town, or county) Tennessee (State or foreign country) 1

16. (a) Informant Arthur E. Glusenkamp
(b) Address 4580a Clarence

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep 27 1947 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Johns Cem.

18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary
(b) Address 6464 Chippewa St.

19. (a) SEP 26 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24th year 1947 hour 12:35 minute P M.

21. I hereby certify that I attended the deceased from 9/16/47, 19, to Sept. 24th, 1947 that I last saw him alive on Sept. 24th, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure

Due to Rt Frontal Lobe Brain tumor

Due to Unqualified

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy same

Duration

PHYSICIAN

Underline the cause of 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? Means of injury

23. Signature W. Dalton MD (Date of other)

Address 1515 Lafayette Date signed 9/24/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Lewis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadwa

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, above space should be left blank.