No. 2
—1/47
5-17-39

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

68646
FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43056

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 11254

1. PLACE OF DEATH:

(a) County
(b) City or town St.Louis,Mo.
(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 Memorial
(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
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3638 Palm St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LOUIS GLUSENKAMP

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

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 years

7. Birth date of deceased Jan. 17 1874
(Month) (Day) (Year)

8. AGE: Years 73 | Months 11 | Days 7 | If less than one day hr. min.

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

10. Usual occupation REtired Stock Clerk

11. Industry or business Unknown

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

MOTHER
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant A rthur E. Glusenkamp
(b) Address 4580a Clarence Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation St.Johns,Mehlville

18. (a) Signature of funeral director Math.Hermann & Son
(b) Address 2161 E. Fair Ave.

19. (a) DEC 25 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24th year 1947 hour 12 minute 15 A.M.

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

	Duration
Immediate cause of death: Psychosis c Arteriosclerosis	
Due to: Cardiac decompensation	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Arteriosclerotic Heart Disease	

Major findings:
Of operations
Of autopsy Refused

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? (e) Means of injury

23. Signature Lowry Brown, M.D. (M. D. or other)
Address City Hosp. Date signed 12/24

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. Gustav W Deitle

Licensed Embalmer No. 4329

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.