

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

10477
State File No. _____
Registrar's No. 3131

FILED APR 7 1948
Registration District No. _____

318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARN'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 9 yrs 6 mo. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 555 W GLENDALE RD
U. R. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME CORNELIA GLEYSTEENMEYER
3. (b) If veteran, name war NO
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 29
year 1948 hour 8:00 minute 5 A.M.
21. I hereby certify that I attended the deceased from _____, 1937, to March 29, 1948;
that I last saw her alive on March 28, 1948;
and that death occurred on the date and hour stated above.

4. Sex FEMALE race WHITE
5. Color or _____
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife JOHN MEYER
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased OCT 5 1960
(Month) (Day) (Year)

Immediate cause of death _____
Due to Hyper tension Heart Disease
Due to _____
Other conditions schistocytosis
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
87 5 24 _____ hr. _____ min.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace KEUKUK IOWA
(City, town, or county) (State or foreign country)
10. Usual occupation AT HOME

11. Industry or business _____
12. Name DIRK GLEYSTEEN
13. Birthplace UNKNOWN HOLLAND
(City, town, or county) (State or foreign country)
14. Maiden name KLAZIMA VAN DER LINDEN
15. Birthplace UNKNOWN HOLLAND
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. FRANKLIN LEWIS
(b) Address 565 GLENDALE RD.
17. (a) REMOVAL (b) Date thereof MAR. 31-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ALTON IOWA

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 _____
23. Signature J. F. Bralock (M. D. or other) md
Address 634 W. Grand Blvd Date signed 3-31-48

18. (a) Signature of funeral director Parker Land Co
(b) Address WEBSTER GROVES MO
MAR 31 1948
19. (a) _____ (b) J. F. Bralock
(Date received local registrar) (Registrar's signature)

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 C. C. Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster House

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.