S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15450

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 597

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

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Meth. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether In this community 39 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 2504 So. 15th St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Jesse O. Glick
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Wilma Glick
6. (c) Age of husband or wife if alive: 50 years
7. Birth date of deceased: March (Month) 7 (Day) 1892 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	56	2	20	hr. min.

9. Birthplace: Denver (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Engineer
11. Industry or business: Burlington R. R. Co.
FATHER
12. Name: Frederick Glick
13. Birthplace: Unknown (City, town, or county) Michigan (State or foreign country)
MOTHER
14. Maiden name: Elizabeth Cole
15. Birthplace: Unknown (City, town, or county) Iowa (State or foreign country)
16. (a) Informant: Mrs. Wilma Glick
(b) Address: St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/29/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Auburn Cemetery
18. (a) Signature of funeral director: Heaton-Bowman
(b) Address: St. Joseph, Mo.
19. (a) May 29, 1948 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 3877

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1948 hour 2 minute 05 P.M.

21. I hereby certify that I attended the deceased from May 24, 1948, to May 27, 1948, that I last saw him alive on May 27, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Septicemia with multiple septic infarcts.	5 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: multiple small septic infarcts.	

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: [signature] (M. D. or other) ½ D
Address: 422 Felix Date signed: 5-28-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Missouri.

JUN 12 1948

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St Joseph, 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.