

State Office of Vital Statistics
FILED JUL 28 1948

State File No. 6394

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town **Saint Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6400 Fyler
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... **Life** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **William Frederick Glamann**

3. (b) If veteran, name war..... **NO** 3. (c) Social Security No. **NO**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Anna Katherine Glamann** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **March 18 1860**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 4 1 hr. min.

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

10. Usual occupation **Barber**

11. Industry or business **OWN**

12. Name..... **UNKNOWN** 9
13. Birthplace..... **UNKNOWN** 9
(City, town, or county) (State or foreign country)
14. Maiden name..... **UNKNOWN**
15. Birthplace..... **UNKNOWN** 9
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Anna Katherine Glamann**
(b) Address..... **6400 Fyler, St. Louis, Missouri**

17. (a) **Burial** (b) Date thereof **7-21-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation **St Peters Cemetery**
C. HOFFMEISTER COLONIAL MORTUARY

18. (a) Signature of funeral director.....
(b) Address..... **6464 Chippewa, St. Louis, Mo**

19. (a) **JUL 15 1948** (b) **J. F. Brueck**
(Date received) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County..... **noo**
(c) City or town **Saint Louis** 17
(If outside city or town limits, write "RURAL")
(d) Street No. **6400 Fyler** 9
3 (If rural, give location) **0**
(e) Citizen of foreign country? **NOES** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **19th** 19 **48** A. M.
year **1948** hour **3:30** minute

21. I hereby certify that I attended the deceased from **June 30th**
19 **48** to **July 19th** 19 **48**
that I last saw **her** alive on **July 17th** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Thrombosis 3 days
Due to **Arteriosclerosis** **Indefinite**

Due to **Chronic Asthma** **Indefinite**

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... **94**
Of autopsy.....
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..... **J. F. Brueck** (M. D. or other) **Chm**
Address **3938 Vandeventer** Date signed **7-19-48**

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

MOTHER FATHER

Dr C V Wilcox
3228 Ivanhoe
HI 2895

2:00 PM

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 *Harry J. Schumacher*

..... Licensed Embalmer No. *2679*

..... P. O. Address *7814 K Broadway*

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.