

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6200
1730

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>54</u>		d. STREET ADDRESS (If rural, give location) <u>3427a Oregon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3427a Oregon /</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jacob</u> b. (Middle) _____ c. (Last) <u>Glass</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 21, 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>June 2, 1872</u>		9. AGE (In years last birthday) <u>76</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired - Saloonkeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>George Glass</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Scherz</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Marie Glass</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Marie Glass, 3427a Oregon Avenue</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of Liver (Portal) stage 3</u>		DUE TO (b) <u>Alcoholism & Business 40 yrs. hard work</u>			<u>7 yrs.</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>12-4-49</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		<u>Arteriosclerosis, hemorrhage with toxemia</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>581</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June, 1942, to Feb. 21st, 1949, that I last saw the deceased alive on Feb. 21st, 1949, and that death occurred at 3:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Carl H. Baker M.D.</u>		23b. ADDRESS <u>3333 Nebraska Ave. St. Louis 149-22-48</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Febr. 24, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Beiderwieden F. H. Inc.</u>		ADDRESS <u>1936 St. Louis</u>	
DATE REC'D BY LOCAL REG. <u>FEB 23 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Sester</u>			

Dr. C. H. Baker
2901 Cherokee
12130-4

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 4170

P. O. Address. 1936 St. Louis Ave

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.