

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

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5306**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis-Mo.		a. STATE Missouri b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3807a Utah Place		d. STREET ADDRESS (If rural, give location) 3807a Utah Place 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Lina	b. (Middle) -	c. (Last) Glatt	4. DATE OF DEATH (Month) (Day) (Year)
				June 16, 1950

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 6-1866	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 8 Days 10	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) Baden - Germany 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Ernst F. Glatt
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) XXXX XXXXXXXX	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Lena Glatt	ADDRESS 3807a Utah Pl.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Central Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? B32X
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22. I hereby certify that I attended the deceased from **June 9, 1950**, to **June 17, 1950**, that I last saw the deceased alive on **June 16, 1950**, and that death occurred at **1:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph E. Carney	23b. ADDRESS 906 Olive St	23c. DATE SIGNED 6-17-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 19-50	24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery	24d. LOCATION (City, town, or county) (State) Lemay-St. Louis Co.-Mo.
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DATE REC'D BY LOCAL REG. JUN 17 1950	REGISTRAR'S SIGNATURE J. B. Carater	25. FUNERAL DIRECTOR'S SIGNATURE Walter Helberle	ADDRESS 3634 Gravois Ave
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Frank J. O'Connell

Signed.....

Student Embalmer

Licensed Embalmer No. *2645*

P. O. Address *San Diego*

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.