

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 26 1951

State File No. 2554
318 Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2554 318		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2169		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3718 Juniata				STREET ADDRESS (If rural, give location) 3718 Juniata				
3. NAME OF DECEASED (Type or Print) Helen			a. (First)		b. (Middle)		c. (Last) Gloeckner	
4. DATE OF DEATH		(Month)		(Day)		(Year)		
1/11/51								
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Mar. 14, 1914		
9. AGE (In years last birthday) 30		# UNDER 1 YEAR Months		# UNDER 6 HRS. Days		# UNDER 6 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse			10b. KIND OF BUSINESS OR INDUSTRY ---			11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Louis A. Gloeckner		13b. MOTHER'S MAIDEN NAME Antonie Boettcher		14. NAME OF HUSBAND OR WIFE -----		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME Louis A. Gloeckner--3718 Juniata				
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) <i>Multiple Sclerosis</i>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				7 yrs ?		
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"/>		
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>345X</i>				
22. I hereby certify that I attended the deceased from <i>April 23, 1950</i> , to <i>Jan 11, 1951</i> , that I last saw the deceased alive on <i>1-10, 1951</i> , and that death occurred at <i>3:30p m.</i> , from the causes and on the date stated above.								
23a. SIGNATURE <i>William A. Turner</i> (Degree or title) <i>MD</i>				23b. ADDRESS <i>16 Hampton Yuley Plaza</i>		23c. DATE SIGNED <i>1-12-51</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>		24b. DATE <i>1/13/51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Missouri Crematory</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo., Missouri</i>		
DATE REC'D BY LOCAL REG. <i>JAN 12 1951</i>		REGISTRAR'S SIGNATURE <i>J. B. Lanster</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Wacker-Wildete</i> ADDRESS <i>3634 Gravois</i>				

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

W. L. C.

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. Gland

Signed.....
Student Embalmer

Licensed Embalmer No. *2675*

P. O. Address *A. Leiruo*

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.