

No. 300
FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 066

4000

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>323</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay</u>		c. LENGTH OF STAY (in this place) <u>8</u> MONTHS		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay</u>		d. STREET ADDRESS (If rural, give location) <u>1425 Wachtel Drive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1425 Wachtel Drive</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 3, 1951</u>			
3. NAME OF DECEASED a. (First) <u>Anna</u>		b. (Middle) <u>Emelia</u>		c. (Last) <u>Gleiber</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 7, 1889</u>		9. AGE (in years) (Months) (Days) (Hours) (Min.) <u>61</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Herman Olliges</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Fuchs</u>		14. NAME OF HUSBAND OR WIFE <u>Albert L. Gleiber</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert L. Gleiber, 1425 Wachtel Dr.</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>9 months</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Microcytic Anemia</u>						? <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>593X</u>	
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 <u>June 6, 1950</u> , to <u>Feb. 3, 1951</u> , that I last saw the deceased alive on <u>Feb. 3, 1951</u> , and that death occurred at <u>11:35 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Print or title) <u>Benjamin M.D.</u>				23b. ADDRESS <u>7430 Virginia</u>		23c. DATE SIGNED <u>2/3/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 6 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/5/51</u>		REGISTRAR'S SIGNATURE <u>Hubert P. Donk</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Witt Bros. & Co.</u>		ADDRESS <u>2929 S. Jefferson Av.</u>	

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.....

J. M. Davis

Signed.....
Student Embalmer

Licensed Embalmer No. 3741

P. O. Address 2929 Jefferson

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.