

FILED MAR 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 11004BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 786

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) OR TOWN <u>WEBSTER GROVES</u>		c. CITY (If outside corporate limits, write RURAL and give township) 57 OR TOWN <u>WEBSTER GROVES 4577</u>	
c. LENGTH OF STAY (In this place) <u>40 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>634 MILDRED</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>634 MILDRED AVE</u>			

3. NAME OF DECEASED (Type or Print) <u>CHARLES HENRY GLADER</u>			4. DATE OF DEATH <u>MAR-25-1951</u>		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
5. SEX <u>M</u>			6. COLOR OR RACE <u>W</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>			8. DATE OF BIRTH <u>NOV-9-1895</u>		
9. AGE (In years last birthday) <u>55</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		
10b. KIND OF BUSINESS OR INDUSTRY <u>AUTOMOBILE</u>			11. BIRTHPLACE (State or foreign country) <u>CHICAGO ILL.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>US</u>					

13a. FATHER'S NAME <u>EDWARD J. GLADER</u>		13b. MOTHER'S MAIDEN NAME <u>THERESA QUINN</u>		14. NAME OF HUSBAND OR WIFE <u>BESSIE GLADER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD-WAR-1</u>		16. SOCIAL SECURITY NO. <u>484-09-6957</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C. H. Glader</u>	
				ADDRESS _____	

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</u>		DUE TO (b) <u>Diabetes</u>			<u>year</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			<u>years</u>	
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 <u>260X</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)		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 6/15/39, to March 25 1951, that I last saw the deceased alive on March 25 19 51, and that death occurred at 8 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward A. Webster M.D.</u> (Degree or title)		23b. ADDRESS <u>6204 E. Big Bend Rd.</u>		23c. DATE SIGNED <u>3/27/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR-28-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL</u>	
24d. LOCATION (City, town, or county) (State) <u>KIRKWOOD MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hubert P. Lomb</u>		ADDRESS <u>Webster Groves MO</u>	
DATE REC'D BY LOCAL REG. <u>3/27/51</u>		REGISTRAR'S SIGNATURE <u>Hubert P. Lomb</u>		6604 E. Big Bend Rd. MO	

APR 20 1951

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.

Student .....

Student Embalmer

Signed *Lucie Welch* .....

Licensed Embalmer No. *4395* .....

P. O. Address *Hopster Grove 71* .....

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.