

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11087

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 544

1. PLACE OF DEATH
a. COUNTY St. Louis county
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Miller Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
d. STREET ADDRESS (If rural, give location) 3841 S. Compton

3. NAME OF DECEASED (Type or Print)
a. (First) Jacob b. (Middle) _____ c. (Last) Glunz
4. DATE OF DEATH (Month) (Day) (Year) 2-26-1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH 11-9-1864 9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months 4 Days 15 IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY Farmer 11. BIRTHPLACE (State or foreign country) Germany 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Glunz 13b. MOTHER'S MAIDEN NAME Not Known 14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Theresa Himpel 6828 A Fyler

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Heart and Kidney Disease
INTERVAL BETWEEN ONSET AND DEATH 6 Mo.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chr. Arterioaclerosis

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) 442 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Nov. 21, 1950 to Feb. 26, 1951, that I last saw the deceased alive on Feb. 25, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. A. Walters M.D. 23b. ADDRESS 3608 S. Grand Blvd. 23c. DATE SIGNED 2/28/51

24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial 24b. DATE 3-1-1951 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem 24d. LOCATION (City, town, or county) (State) St. Louis MO

DATE REC'D BY LOCAL REG. 2-28-51 REGISTRAR'S SIGNATURE Nerbert R. Donke M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WINGBERMUEHLE 3819 S. GRAND Blvd

RWR (Licensed Embalmer's Statement on Reverse Side)

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

89 18 91 400

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 George J. Kingburn
Licensed Embalmer No. 4611

P. O. Address St Louis, Mo

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.