

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH1003 State File No. 14112
3208No. 300
10-483701 GRANDELL SQUARE
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
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 OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2039	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Lutheran Hospital				4. STREET ADDRESS (If rural, give location) 6820 A Fyler			
3. NAME OF DECEASED (Type or Print) Charlotte		a. (First)		b. (Middle)		c. (Last) Glunz	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married ()		8. DATE OF BIRTH Sept 23, 1890	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY Liggett & Meyers		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months 6 IF UNDER 1 MONTH Days 12	
13a. FATHER'S NAME Martin Glunz		13b. MOTHER'S MAIDEN NAME Theresa Schindler		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)		16. SOCIAL SECURITY NO. 494-01-1387		17. INFORMANT'S SIGNATURE OR NAME Mrs. Theresa Himpel 6828a Fyler Ave.			
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) Nephrosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes mellitus DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 year 5 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		21f. HOW DID INJURY OCCUR? Mch X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from Jan 15 1946, to April 4, 1951, that I last saw the deceased alive on April 4, 1951, and that death occurred at 2:15 P. m., from the causes and on the date stated above.							
23a. SIGNATURE R. A. Thurnbaum M.D. (Degree or title)				23b. ADDRESS 3701 Grandell St.		23c. DATE SIGNED 7-5-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried ()		24b. DATE April 7, 1951		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Louis, County. Ill.	
DATE REC'D BY LOCAL REG. APR 5 1951		REGISTRAR'S SIGNATURE J. B. Locater		25. FUNERAL DIRECTOR'S SIGNATURE Wm. J. Robert & U. C.		ADDRESS 1805 S. Grand	

(Licensed Embalmer's Statement on Reverse Side)

[Handwritten signature]

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 Ronald O Yabuka

Licensed Embalmer No. 3917

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.