

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24119

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 160

1. PLACE OF DEATH  
a. COUNTY Saint Charles

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY St. Charles

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles c. LENGTH OF STAY (in this place) 8 Mo.

c. CITY OR TOWN Saint Charles d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION 154 College Drive

e. STREET ADDRESS (If rural, give location) 154 College Drive 0923 0

3. NAME OF DECEASED (Type or Print)  
a. (First) Margaret b. (Middle) c. (Last) Glosier

4. DATE OF DEATH (Month) (Day) (Year) July 23, 1954

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Dec. 15, 1875

9. AGE (In years last birthday) 78

IF UNDER 1 YEAR Months 7 Days 8 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY own

11. BIRTHPLACE (City and State or Foreign Country) Decatur, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Adan Dietz

13b. MOTHER'S MAIDEN NAME Mary Kruetzer

14. NAME OF HUSBAND OR WIFE Edward Glosier

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. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kathryn Wempe, Saint Charles, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Left Heart Failure  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Atherosclerosis  
DUE TO (c)

MEDICAL CERTIFICATION  
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 yr. Undet.

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) 4500.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

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 July 1, 1954, to July 23, 1954, that I last saw the deceased alive on July 21, 1954, and that death occurred at 9:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. McArthur M.D.

23b. ADDRESS St. Charles, Mo.

23c. DATE SIGNED July 24, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 27, 1954

24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery

24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.

DATE REC'D BY LOCAL REG. July 25 1954 REGISTRAR'S SIGNATURE 284-2 Francis Hamblin

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R.C. Dallmeyer & Son, St. Charles, Mo.

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

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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.....  
Signature of Student Embalmer

Signed *Frank R. [Signature]*  
Licensed Embalmer No. *18*  
P. O. Address *St. Charles*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.