

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. 17327

FILED MAY 17 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1024

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St Louis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Affton</u> c. LENGTH OF STAY (in this place) <u>3 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8604 Gravois</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u> c. CITY OR TOWN <u>Affton ?</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>9520 Dana</u> <u>4000</u>		
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Frank</u> b. (Middle) _____ c. (Last) <u>Glanzner</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>May 3, 1955</u>		
<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>married</u>	<b>8. DATE OF BIRTH</b> <u>Sept 23, 1883</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Auto painter</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>PAINTING</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>St Louis Mo</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
<b>13a. FATHER'S NAME</b> <u>Louis Glanzner</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Emma Lammert</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Rose Glanzner</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>489-05-7021</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Rose Glanzner 9520 Dana</u>		
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>MYOCARDIAL FAILURE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIO SCLEROSIS</u> DUE TO (c) <u>HYPERTENSION</u>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>  _____
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>  <u>447X</u>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>		
<b>22. I hereby certify that I attended the deceased from</b> <u>5-1, 1955</u> , to <u>5-3, 1955</u> , that I last saw the deceased alive on <u>5-3, 1955</u> , and that death occurred at <u>8:15 P.M.</u> , from the causes and on the date stated above.				
<b>23a. SIGNATURE</b> (Degree or title) <u>Eugene H. Strittmatter, D.O.</u>		<b>23b. ADDRESS</b> <u>8604 Gravois Ave</u>		<b>23c. DATE SIGNED</b> <u>5-3-55</u>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>5/6/55</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Sunset Burial Park</u>	<b>24d. LOCATION (City, town, or county) (State)</b> <u>Affton Mo</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>5/5/55</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Herbert R. Dombey, M.D.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>J L Ziegenhein &amp; Sons 7027 Gravois</u>	

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

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 C. P. Kedwell

Licensed Embalmer No. 387

P. O. Address 7027 Grace

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.