

FILED JAN 12 1956

STANDARD CERTIFICATE OF DEATH

State File No. **42839**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **3062**

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give town or township) Clayton		c. LENGTH OF STAY (In this place) DOA		c. CITY OR TOWN University City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA St. Louis Co, Hospt.				e. STREET ADDRESS (If rural, give location) 6513 Crest Ave. 43260					
3. NAME OF DECEASED (Type or Print) a. (First) Benjamin			b. (Middle) Glaser		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 12/28/55		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3-10-1883		9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10b. KIND OF BUSINESS OR INDUSTRY Public Service		11. BIRTHPLACE (City and State or Foreign Country) Lithuanian			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unk.			13b. MOTHER'S MAIDEN NAME Unk.			14. NAME OF HUSBAND OR WIFE Mabel Glaser			
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. Unk.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Allen Glaser 6513 Spencer Pl.				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension, Arteriosclerotic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, Generalized DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Emphysema, Hiatus Hernia				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4478				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 Oct, 1955 , to Dec, 1955 , that I last saw the deceased alive on Dec 21, 1955 , and that death occurred at 12:47 P m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Roy Greenbaum MD				23b. ADDRESS 4652 Maryland		23c. DATE SIGNED 12/29/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/30/55		24c. NAME OF CEMETERY OR CREMATORY Montrose Cemetery		24d. LOCATION (City, town, or county) (State) Greenville, Ill.			
DATE REC'D BY LOCAL REG. 12-29-55		REGISTRAR'S SIGNATURE Herbert B. Doubrad		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark Funeral Home 1125 Hodiament Ave.					

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision:.

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 7

P. O. Address... 1125

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
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.