

FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17889**  
Registrar's No. **5235**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY			
b. CITY OR TOWN <b>ST. LOUIS MO.</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3139 - NEBRASKA</b>		e. STREET ADDRESS (If rural, give location) <b>3139 - NEBRASKA</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANCIS</b>		b. (Middle)		c. (Last) <b>GLASER</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 29 1956</b>		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <b>MAR. 26 1907</b>		9. AGE (In years last birthday) <b>49</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STONE MOUNTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>QUICK MEAL CO</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>ANTHONY GLASER</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA KAVANAUGH</b>	
14. NAME OF HUSBAND OR WIFE <b>OLLIE GLASER</b>		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.	
17. INFORMANT'S SIGNATURE OR NAME <b>OLLIE GLASER</b>		17. ADDRESS <b>3139 - NEBRASKA</b>			

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Carcinoma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 mo</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>162x</b>	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)	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 **4-19**, 19**54**, to **5-29**, 19**56**, that I last saw the deceased alive on **5-28**, 19**56**, and that death occurred at **1:10 P.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>A. S. Merklein M.D.</b> (Degree or title)	23b. ADDRESS <b>3507 Potomac</b>	23c. DATE SIGNED <b>5-31-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>JUNE 1 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ZION CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO.</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAY 31 1956</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Earl Smith</b> ADDRESS <b>McThomas Route 2906 Genois</b>
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(Licensed Embalmer's Statement on Reverse Side)

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 emb  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Samuel C. Hill*.....

Licensed Embalmer No. *434*

P. O. Address *2906 St. ...*

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