

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22405**

FILED JUL 5 1956

Registrar's No. **1508**

| | | | | | | | | |
|---|--|--|--|---|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 317 | | PRIMARY REG. DIST. NO. 500 | | Registrar's No. 1508 | | |
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | | 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 township) OR TOWN Normandy | | c. LENGTH OF STAY (in this place) 2 days | | c. CITY OR TOWN St. Louis | | d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp. 6 | | | | e. STREET ADDRESS (If rural, give location) 5222 Page Blvd. 2169 | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Gilbert b. (Middle) L. c. (Last) Glaus | | | 4. DATE OF DEATH (Month) (Day) (Year) 6 - 20 - 1956 | | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 7 - 9 - 1912 | | |
| 9. AGE (In years last birthday) 43 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 10 HRS. Hours _____ Min. _____ | | 11. BIRTHPLACE (City and State or Foreign Country) New Hamberg, Missouri | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gen. Setup man | | | | 10b. KIND OF BUSINESS OR INDUSTRY wagoner Electric Co. | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13a. FATHER'S NAME Andrew Glaus | | | 13b. MOTHER'S MAIDEN NAME Emma Baumer | | | 14. NAME OF HUSBAND OR WIFE Lena O. Glaus | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. | | 16. SOCIAL SECURITY NO. 498-03-4992 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lena O. Glaus, 5222 Page Blvd. | | | | |
| 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, athermia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism ANTECEDENT CAUSES DUE TO (b) Congestive Heart Failure DUE TO (c) Rheumatic Mitral Stenosis | | | | | INTERVAL BETWEEN ONSET AND DEATH seconds 3yrs unknown | |
| II. OTHER SIGNIFICANT CONDITIONS Anasarca, malnutrition Conditions contributing to the death but not related to the disease or condition causing death. | | 19a. DATE OF OPERATION _____ | | | | | 19b. MAJOR FINDINGS OF OPERATION _____ | |
| 20. AUTOPSY? YES <input checked="" 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) _____ | | |
| 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 1-2, 1955 , to 6-20, 1956 , that I last saw the deceased alive on 6-19, 1956 , and that death occurred at 1:20A m. , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE Gilbert Shelby (Degree or title) DO | | | | 23b. ADDRESS 1917 N Hanley Rd St. Louis | | 23c. DATE SIGNED 6-20-56 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 6/22/56 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | | |
| DATE REC'D BY LOCAL REG. 6-20-56 | | REGISTRAR'S SIGNATURE Herbert R. Donohue, MD. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union Blvd. | | | | |

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

400

Dr. Robt. Shelby
1917 N. Hanley Rd.

1-3.

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 *Warren A. Carver*

Licensed Embalmer No. *353*

P. O. Address.....

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.