

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **36434**

FILED OCT 30 1957

BIRTH NO. _____		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>559</u>		Registrar's No. <u>101</u>					
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOACHIM TOWNSHIP</u>			c. LENGTH OF STAY (In this place) <u>7 DAY</u>	c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JEFF. MEMORIAL HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>3853 LINDELL BLVD.</u>				217/0			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELKAN</u>			b. (Middle) _____		c. (Last) <u>GLAUBER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 10, 1957</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>1875</u>		9. AGE (In years last birthday) <u>82</u>	# UNDER 1 YEAR Months	# UNDER 1 HR. Hours	# UNDER 1 MIN. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED LAUNDRY OWNER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>LAUNDRY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>STATE ILL.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>UNKNOWN</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ERWIN TRIN BEEG</u>					ADDRESS <u>8300 CORBELL ST. LOUIS</u>		
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardio Vascular Disease</u>				<u>Worse 3-4MO.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? <u>2</u> 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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from <u>10-1-1956</u> to <u>10-10-1957</u> , that I last saw the deceased alive on <u>10-10-1957</u> , and that death occurred at <u>6:30 am.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>E. A. D. [Signature]</u>				23b. ADDRESS <u>112 Mississippi Ave. Central City, Mo.</u>		23c. DATE SIGNED <u>10-10-57</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10/13/57</u>	24c. NAME OF CEMETERY OR REPOSITORY <u>MT. SINAI</u>			24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>					
DATE REC'D BY LOCAL REG. <u>10/10/57</u>		REGISTRAR'S SIGNATURE <u>John N. Stoll</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>RINDSOPF FUNERAL HOME</u>			ADDRESS <u>ST. LOUIS</u>			

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

5020

JEFFERSON COUNTY HEALTH DEPT,
HILLSBORO, MISSOURI

DATE RECEIVED

OCT 30 1957

OCT 22 1957

RRAP
7 10 57

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.....

James Richard Cady

Licensed Embalmer No. 430

P. O. Address Crystal City

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.