

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011664

STATE FILE NUMBER

3563

FILED APR 15 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300

-57

3

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON. WRITE IF POSSIBLE.

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Elmdale 4000
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2013 Newhouse Ave		Length of stay in 1b 4 hours	d. STREET ADDRESS (If outside, give location) 3695 Brown Road (21)
3. NAME OF DECEASED (Type or print) First Middle Last JOSEPHINE GLAUSER		4. DATE OF DEATH Month Day Year March 26, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 1, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 68
11. BIRTHPLACE (City and state or country) Quincy, Illinois /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Steinmetz		13b. MOTHER'S MAIDEN NAME Emily Zink	14. NAME OF HUSBAND OR WIFE Louis Glauser
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. ?	17. INFORMANT Address Louis Glauser 3695 Brown Road (21)
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO (b) chronic myocarditis DUE TO (c) Hypertension			INTERVAL BETWEEN ONSET AND DEATH few hrs - since 1952
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.1			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 1	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 9-8-52 to 12-17-57 and last saw her alive on 12-17-57 Death occurred at 320 P. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Russell Glauser D.O.		22b. ADDRESS 4032 W Flouissant Ave	22c. DATE SIGNED 3-28-58
23a. BURIAL, CREMATION, REBURY, OR REINTERMENT (Specify) Reburial	23b. DATE 3/29/58	23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis MO.
24. FUNERAL DIRECTOR ADDRESS SUEDMEYER & SON'S 3934 N. 20th Street		25. DATE RECD. BY LOCAL REG. MAR 28 '58	26. REGISTRAR'S SIGNATURE Carl Smith M.D.

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 *Gustav W. Dietrich*

Licensed Embalmer No. *4329*
P. O. Address *St. Louis Mo*

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.