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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-034253

FILED SEP 22 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8429

**1. PLACE OF DEATH**
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 09 DePaul Hospt. — Length of stay in 1b

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Pagedale 4281 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 27 1320 Pennsylvania — Reside on Farm: Yes [ ] No [X]

**3. NAME OF DECEASED** (Type or print): First: William — Middle: A — Last: Glaus

**4. DATE OF DEATH**: Month Day Year: 8-29-58

**5. SEX**: Male

**6. COLOR OR RACE**: White

**7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

**8. DATE OF BIRTH**: 8-12-1896

**9. AGE** (In years last birthday): 62 — 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): Porter

**10b. KIND OF BUSINESS OR INDUSTRY**: Factory

**11. BIRTHPLACE** (City and state or country): Oran Missouri

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Andrew Glaus

**13b. MOTHER'S MAIDEN NAME**: Caroline Richert

**14. NAME OF HUSBAND OR WIFE**: Rose Glaus

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): Yes. (If yes, give war or dates of service): W.W. #1

**16. SOCIAL SECURITY NO.**: 488-28-4992

**17. INFORMANT**: Rose Glaus — Address: 1230 Pennsylvania Ave.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Hypertension — Unknown

DUE TO (c): 331X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**19. WAS AUTOPSY PERFORMED?** YES [ ] NO [XX] 2

**20a. ACCIDENT** [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

**20c. TIME OF INJURY**: Hour a.m. p.m. — Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

**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 8-27-58 to 8-29-58 and last saw him alive on 8-29-58

Death occurred at 3:45 P/m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): M D Johnson M D

**22b. ADDRESS**: Ferguson Mo

**22c. DATE SIGNED**: 8-31-58

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**23b. DATE**: 9-2-58

**23c. NAME OF CEMETERY OR CREMATORY**: Calvary Cemetery

**23d. LOCATION** (City, town, or county) (State): St. Louis Missouri

**24. FUNERAL DIRECTOR**: J.W. Clark F.H. — ADDRESS: 1125 Hodiamont Ave.

**25. DATE RECD. BY LOCAL REG.**: SEP 2 '58

**26. REGISTRAR'S SIGNATURE**: J. Earl Smith, M D S.P.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 Lawrence O. Berling

Licensed Embalmer No. 4977

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.