URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 8 1959

59-033830

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's 2 8917

ENDED

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3221 A. Oregon Ave
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3221 A. Oregon Ave
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: OTTO Middle: F. Glaeser Last:
4. DATE OF DEATH: Month Day Year: 9-27-1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 5-7-1886
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months Days; IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Germany
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Ernst Glaeser
13b. MOTHER'S MAIDEN NAME: Pauline Dondara
14. NAME OF HUSBAND OR WIFE: Flora Glaeser
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 492-07-3693
17. INFORMANT: Flora Glaeser Address: 3221 A. Oregon Ave

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): Gunshot wound of Mouth
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 976X
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Self inflicted
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [X] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18): Self inflicted gun shot wounds of Mouth on September 27, 1959.
20c. TIME OF INJURY: Hour a.m. p.m. 9 Month, Day, Year: While suffering from temporary mental aberration
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.): garage - Home
20f. CITY, TOWN, OR LOCATION: St Louis Mo COUNTY STATE
21. I attended the deceased from / / to / / and last saw her/him alive on
Death occurred at 2:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Patrick E. Tayla (Degree or title) Coroner
22b. ADDRESS: 1300 Clark Av.
22c. DATE SIGNED: 9-28-59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-30-1959
23c. NAME OF CEMETERY OR CREMATORY: St. Matthews Cemetery
23d. LOCATION (City, town, or county) (State): 4360 Bates St Mo
24. FUNERAL DIRECTOR: Segenhein Bro ADDRESS: 6409 Gravois Ave
25. DATE RECD. BY LOCAL REG.: SEP 28 '59
26. REGISTRAR'S SIGNATURE: Earl Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by n

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4343

P. O. Address St. Louis, Mo.

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