

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5394**

FILED JUN 16 1961

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>                           |  | Length of stay in 1b  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Alexian Brothers Hospital</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. CITY OR TOWN <b>St. Louis</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| d. STREET ADDRESS <b>3101 Mt. Pleasant St.</b>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |

3. NAME OF DECEASED (Type or print) First **FRANK** Middle **H.** Last **GLEICH** 4. DATE OF DEATH Month **June** Day **7** Year **1961**

|                       |                                  |   |                                     |                                     |                                |                              |
|-----------------------|----------------------------------|---|-------------------------------------|-------------------------------------|--------------------------------|------------------------------|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>5/4/1899</b> | 9. AGE (last birthday)<br><b>62</b> | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HR<br>Hours Min. |
|-----------------------|----------------------------------|---|-------------------------------------|-------------------------------------|--------------------------------|------------------------------|

|   |   |  |  |
|---|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Clerk</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Grocery Store</b> | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b> |
|---|---|--|--|

|  |   |                             |
|--|---|-----------------------------|
| 13a. FATHER'S NAME<br><b>John Gleich</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Elizabeth Baumann</b> | 14. NAME OF HUSBAND OR WIFE |
|--|---|-----------------------------|

|   |   |
|---|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> | 17. INFORMANT Address (Brother)<br><b>John A. Gleich, 3101 Mt. Pleasant St.</b> |
|---|---|

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

|  |            |   |                                  |
|--|------------|---|----------------------------------|
| IMMEDIATE CAUSE (a)  | DUE TO (b) | DUE TO (c)                                  | INTERVAL BETWEEN ONSET AND DEATH |
| <i>Left Cerebral Hemorrhage into R.T. Hemiplegia</i>                                       |            | <i>Hypertensive Cerebro Vascula Disease</i> | <i>2 days</i>                    |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |            |   | <i>several years</i>             |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **443x**

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

|  |   |  |
|--|---|--|
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 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 <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 *March 4-1961* to *June 6-1961* and last saw him alive on *June 6-1961*  
Death occurred at *9 P.M.* on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                              |                                |
|---|------------------------------|--------------------------------|
| 22a. SIGNATURE <i>Paul H. ...</i> (Degree or title) | 22b. ADDRESS <i>3606 ...</i> | 22c. DATE SIGNED <i>6/9/61</i> |
|---|------------------------------|--------------------------------|

|  |                             |  |   |
|--|-----------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>6/10/61</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>SS. Peter &amp; Paul Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Missouri</b> |
|--|-----------------------------|--|---|

|   |   |  |
|---|---|--|
| 24. FUNERAL DIRECTOR<br><b>Gebken-Benz Mortuary, 2842 Meramec St.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>JUN 9 1961</b> | 26. REGISTRAR'S SIGNATURE<br><i>Paul Smith, M.D.</i> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

**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 me Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Joe B. Benz*

Licensed Embalmer No. 4249  
2842 Meramec St.  
P. O. Address St. Louis, 18 Miss

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.