Dept. Health, Educ., & Welfare
U. S. Public Health Service

V. S. 300
Rev. 1-57

1000

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 9 1961

-61-035565
STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 6113 Registrar's No. 196

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): NEW HAMBURG — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 90 AT HOME — Length of stay in 1b: 72 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: SCOTT
c. CITY OR TOWN: NEW HAMBURG 1000 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First LEO Middle (NMN) Last GLAUS

4. DATE OF DEATH: Month OCT. Day 2, Year 1961

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: MARCH 10, 1889
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 6 Days 22 — IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): JANITOR (RET.)
10b. KIND OF BUSINESS OR INDUSTRY: ST. LAWRENCE CATH. SCH.
11. BIRTHPLACE (City and state or country): NEW HAMBURG, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: ULRICH GLAUS
13b. MOTHER'S MAIDEN NAME: MARGARET EICHHORN
14. NAME OF HUSBAND OR WIFE: IDA REGINA GLAUS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
17. INFORMANT: MRS. LEO GLAUS — Address: NEW HAMBURG, MO.

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): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — 10 yrs
DUE TO (c): 4200
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 [ ]

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 19 May 1958, to 2 Oct 61 and last saw ~~her~~ him alive on 2 Oct 1961
Death occurred at 12:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. E. Tribble MD
22b. ADDRESS: Chaffee, Mo
22c. DATE SIGNED: 2 Oct 61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: OCT. 4, 1961
23c. NAME OF CEMETERY OR CREMATORY: ST. LAWRENCE CATHOLIC CEM.
23d. LOCATION (City, town, or county) (State): NEW HAMBURG, MO.

24. FUNERAL DIRECTOR — ADDRESS: BISPLINGHOFF FUNERAL HOME - CHAFFEE, MO.
25. DATE RECD. BY LOCAL REG.: 10-7-1961
26. REGISTRAR'S SIGNATURE: Mrs Ora D. Nall acting Reg.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

The funeral director is responsible for the proper completion of the entire certificate. This includes securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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VS OCT 16 1961

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 Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.