

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

7261

791
1003

1. PLACE OF DEATH

County..... Registration District No.
Township..... Primary Registration District No.
City, St. Louis (No. City Hospital #1) St. Ward)

File No.
Registered No. 1571

2. FULL NAME

Caroline (Gloss) Glass
(a) Residence. No. 4316 = Desota St., 10 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Glass

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-3-1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>75</u>	<u>9</u>	<u>2</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 16

10. NAME OF FATHER Not Known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ger.

14. INFORMANT S. J. Patrean
(Address) 4316 = Desota Ave

15. FILED: 7 1931 W. E. Starkey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 5 1931

17. No Physician in attendance
I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 7:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock - Injured (wounded chest) struck by auto in St. Louis, Mo. Deceased was a pedestrian. (duration) yrs. mos. ds.
CONTRIBUTORY 2106
(SECONDARY) Motor Accident. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) John J. Hurley

2/7 .1931 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL 2-9-1931

20. UNDERTAKER Provoost Lued Co ADDRESS 3718 N Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

