

JAN 20 1936

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

Do not use this space.

40775

1. PLACE OF DEATH

County St Charles  
Township Sumner  
City St Charles (No. \_\_\_\_\_)

Registration District No. 760  
Primary Registration District No. 6599

File No. 9  
Registered No. 52  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) near St. Charles

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Catharine Glosemeyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Not known</u>		
7. AGE YEARS <u>67</u>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own farm</u>		
10. Date deceased last worked at this occupation (month and year) <u>Dec 19 1935</u>		11. Total time (years) spent in this occupation <u>50 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>near Peero Mo</u>		
13. NAME <u>Martin Glosemeyer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Peero Mo</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dutzow Mo</u>		
17. INFORMANT (ADDRESS) <u>J H Glosemeyer</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>home and Hill Mo</u> DATE <u>12-23</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. Caldwell, 2401</u>		
20. FILED <u>1/20</u> 19 <u>36</u> <u>W. H. Caldwell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 1935

22. I HEREBY CERTIFY, That I attended ~~deceased~~ from held inquest, Dec 20 1935  
That ~~was~~ alive on Dec 19 1935 Death is said to have occurred on the date stated above, at 6:20 P.M.  
The principal cause of death and related causes of importance were as follows:  
Accidental traumatism to the head, neck, vertebral column, arms and legs, while driving on highway, 40 when he ran into a truck  
Other contributory causes of importance:  
None

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Inquest Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? accident Date of injury Dec 19 1935  
Where did injury occur? near Union, St Charles Co Mo  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
public place  
Manner of injury auto-truck collision  
Nature of injury Traumatism to body

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify none  
(Signed) W. L. Freeman, M. D.  
(Address) St Charles Mo  
Coroner of St Charles Co Mo

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.

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

