

REC'D MAY 10 1938

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

13136

Do not use this space.

3740

1. PLACE OF DEATH

- (a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City, St., **Louis** (d) Street No. **5714 Holly Hills** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Adam Glass** **42.0**

- (a) Residence, No. **5714 Holly Hills** St. **2**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 3, 1883**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 1 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Chauffeur**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**13. NAME **Not known**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known**15. MAIDEN NAME **Not known**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known**17. INFORMANT **Marie Glass**
(ADDRESS) **5714 Holly Hills**18. BURIAL, CREMATION, OR REMOVAL
PLACE **Mo. Crematory** DATE **4/23/38**19. FUNERAL DIRECTOR **J. L. Ziegenhein & Sons**
(ADDRESS) **7027 Gravois**20. FILED **ADD 22 1938**
J. F. Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Apr 14 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Apr 14 1938**, to **Apr 21 1938**
I last saw him alive on **Apr 21 1938**. Death is said to have occurred on the date stated above, at **4 P. m.**
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify
(Signed) **Clay Alley** M. D.

(Address) **5912 S. Kings Highway**
St Louis Mo

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Clarence P. Kidwell
Licensed Embalmer No. 3877

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.)

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....

Township.....

City.....

Registration District No. 791

Primary Registration District No. 1003-

File No. 13126-

Registered No. 3740-

St. Ward)

2. FULL NAME Adam Glase

(a) Residence, No. 5714 Huey Hiller 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

MEDICAL CERTIFICATE OF DEATH 21

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 13 - 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 1 10

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY).....

FATHER
13. NAME.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY).....

MOTHER
15. MAIDEN NAME.....

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

17. INFORMANT (ADDRESS).....

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 4-23- 1938

19. UNDERTAKER (ADDRESS).....

20. FILED 7-21 1938 J. F. Bredeck Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 14 - 1938 to Apr. 21 - 1938

I last saw him alive on Apr. 21, 1938 Death is said to have occurred on the date stated above, at 4 - m. P.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Clay Allen M. D.

(Address) 5412 Kings Highway

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REPUBLICAN PARTY
FOR THE STATE OF TEXAS
COUNTY OF []

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