

Registration District No. **7911**

Primary Registration District No. **1003**

Registrar's No. **6583**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Sanitarium
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 mos. 25 days
(Specify whether
 In this community 50 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

0 Missouri (a) State _____ (b) County _____
 (c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")
 (d) Street No. 1822 a Benton
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 62 yrs years

3. (a) PRINT FULL NAME Mike Glon 450
 3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Veronica Anna Glon 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb 12, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 5 20 7 hr. min.

9. Birthplace Unknown Poland
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant John Todd

(b) Address 5700 Central St

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Ray Lindsey and Co

(b) Address 5723 4th Ave

19. (a) AUG 2 1948 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st
 year 1940 hour 6:30 p.m. minute _____ M.

21. I hereby certify that I attended the deceased from Jan. 8, 1940 to August 1, 1940

that I last saw him alive on _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardio-Vascular Disease 7-28-40
 Due to Chronic Myocarditis 128-40x

Due to Generalized Arteriosclerosis 1-8-40x

Other conditions _____
(Includes pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy No.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature N. J. Buehler (M. D. or other) M.D.
 Address City Sanitarium Date signed _____

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

John A. Melina

Registered Apprentice No. *207*

working under my personal supervision.

Signed.....

John P. Buchholz

Licensed Embalmer No. *1674*

P. O. Address. *2213 St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.