

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19118

Registration District No. 184

Primary Registration District No. 200

Registrar's No. 1105

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rural Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
near Mehlville, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. near Mehlville, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME Lizette Glatt

8. (b) If veteran, name war -- 8. (c) Social Security No. --

4. Sex R. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jacob Glatt 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 5 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Jefferson Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Bonacker
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Becker
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Peter P. Glatt
(b) Address Kimmswick, Mo. R. R. # 1

17. (a) Burial (b) Date thereof May 24, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. John's Cemetery

18. (a) Signature of funeral director Philippus Samuel Stone

(b) Address Kimmswick, Mo.

19. (a) MAY 23 1941 (b) P. R. Meyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1941 hour 12:15 minute _____ A. M.

21. I hereby certify that I attended the deceased from Aug 24
1940, to May 27, 1941

that I last saw her alive on May 22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Arteriosclerosis (bronchial)

Due to _____

Due to _____

Other conditions 112
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 Waldott Hall (M. D. or other) D

Address Lemay R. R. Mo. Date signed 5/23/41

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 _____

_____ Registered Apprentice No. _____
working under my personal supervision.

Signed Arthur W. Healy

Licensed Embalmer No. 3876

P. O. Address Hammond

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