S. No. 2
—4-13-40
. 5-17-39
P I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 30 1942

Registration District No. 4

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1583

Primary Registration District No. 6232

Registrar's No. 1

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3
3

1. PLACE OF DEATH:
(a) County: Audrain
(b) City or town: RURAL CUIVRE twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7 Miles Southwest of Vandalia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community 4 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Audrain
(c) City or town: Rural Cuivre Twp.
(If outside city or town limits, write "RURAL")
(d) Street No.: 7 Miles Southwest of Vandalia
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 50 years.

3. (a) PRINT FULL NAME: John Henry Gleich
3. (b) If veteran, name war:
3. (c) Social Security No.: CASE 4-913

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: IDA CHANEY GLEICH
6. (c) Age of husband or wife if alive: ..... years
7. Birth date of deceased: DECEMBER 18 1861 (Month) (Day) (Year)

8. AGE: Years 80 | Months 0 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace: BREMAN GERMANY (City, town, or county) (State or foreign country)
10. Usual occupation: LABORER
11. Industry or business:
FATHER
12. Name: HENRY GLEICH
13. Birthplace: GERMANY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: UNKNOWN
15. Birthplace: GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant: MARY MAY HURSMAN
(b) Address: VANDALIA MISSOURI
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Jan 7 '42 (Month) (Day) (Year)
(c) Place: burial or cremation: Marissa Illinois
18. (a) Signature of funeral director: H. S. Yates
(b) Address: Vandalia Missouri
19. (a) Jan 6 1942 (Date received by local registrar) (b) Mallie Fugua (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4 year 1942 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan 3, 1942, to Jan 4, 1942; that I last saw him alive on Jan 4 1942, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis chronic
Due to: Chronic Bronchitis
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 93d
Of autopsy:

Duration

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

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

23. Signature: N. W. Bland (M. D. or other)
Address: Vandalia Mo. Date signed 1/5/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-42-124
Date Filed JAN 27 1942

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 William B. Waterd

Licensed Embalmer No. 4169

P. O. Address Vandalia Mo

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, fact should be so stated above.