

Filed DEC 29 1942
Registration District No. 378

Primary Registration District No. 1003

State File No. 10508
Registrar's No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Firman Desloge Hospital
(d) Length of stay: In hospital or institution.
In this community: years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 19 17 9
(d) Street No. 4408 Delmar
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME John Glassmeyer
3. (b) If veteran, name war. 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 15
year 1942 hour 4 minute 30 P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed 2 divorced Widowed
6. (b) Name of husband or wife Catherine Glassmeyer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 29th 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3 Oct. 1942 to Dec. 15, 1942;
that I last saw him alive on Dec. 15, 1942;
and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 10 Days 16 If less than one day hr. min.

Immediate cause of death: Arteriosclerotic Heart Disease
Duration: uncertain

9. Birthplace York, Penn. (City, town, or county) (State or foreign country) 1

Due to: Due to: Other conditions: Osteoarthritis
(Include pregnancy within 3 months of death)

10. Usual occupation Retired

Major findings: Of operations: Of autopsy: PHYSICIAN: Underline the cause to which death should be charged statistically.

11. Industry or business

MOTHER FATHER { 12. Name Unknown Glassmeyer
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name " (State or foreign country) 9
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Clarice Hoppe
(b) Address 4940 Lindenwood Ave.

17. (a) Burial (b) Date thereof 12-17-42
(c) Place: burial or cremation. Calvary Cemetery

18. (a) Signature of funeral director. Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) DEC 16 1942 (b) J. J. Beedeck (Registrar's signature)

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?.....
(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 Wm. C. Macdonald (M. D. or other) 0
Address 1325 S. Grand Blvd. Date signed 12-16-42

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

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 *Wilford Y Burnley*
Licensed Embalmer No. *4202*
P. O. Address *St. Louis 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.