

No. 2
-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35695**

FILED **OCT 29 1943**

Registration District No. **317**

Primary Registrattinn District No. **306 6**

Registrar's No. **2366**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Kirkwood**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
328 W. Washington 1
(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 96**

(c) City or town **Kirkwood 7**
(If outside city or town limits, write "RURAL")

(d) Street No. **328 W. Washington 9**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John William Glaser**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **20**
year **1943** hour **10:00** minute **A** M.

21. I hereby certify that I attended the deceased from **8/16**, 19**37**, to **Oct 20**, 19**43**
that I last saw h. **AM** alive on **10/18**, 19**43**
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or Race **W**

6. (a) Single, widowed, married, divorced **M 1**

6. (b) Name of husband or wife **Theresa Glaser**

6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased: **Jan 16 1863**
(Month) (Day) (Year)

Immediate cause of death: **Cancer of caecum**

Duration **2 years**

8. AGE: Years **80** Months **10** Days **4**
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions: **Chronic myocarditis**
(Include pregnancy within 3 months of death)

Duration **6 years**

9. Birthplace **Wisc 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Miner - Retired**

Major findings: _____

Of operations: _____

Of autopsy: **4/02**

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name **John Glaser**

13. Birthplace **Austria**
(City, town, or county) (State or foreign country)

14. Maiden name **Theresa W. Hoff**

15. Birthplace **Austria**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Theresa Glaser**

(b) Address **328 W. Washington - Kirkwood**

17. (a) **Burial** (b) Date thereof **10-22-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Bridget's Centy**

18. (a) Signature of funeral director **Louis H. Spay, Inc**

(b) Address **Kirkwood, Mo.**

19. (a) **OCT 22 1943** (b) **J. Mc Lane, M.D.**
(Date received local registrar) (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? _____
(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)
Means of injury _____

23. Signature **Dean J. Jones** (M. D. or other) _____
Address **Kirkwood, Mo** Date signed **10/21/43**

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

Signed Felix Husband

Licensed Embalmer No. 3034

P. O. Address Kirkwood Md

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.