

FILED JUL 15 1944

Registration District No. 818

Primary Registration District No.

Registrar's No. 6043

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4936 Thekla Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Jesse Green Glazebrook

3. (b) If veteran, name war 3. (c) Social Security No. 493-10-9932

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annie Glazebrook 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased April 1st 1885
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 If less than one day hr. min.

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

10. Usual occupation Operator

11. Industry or business St. Louis Public Service

MOTHER FATHER { 12. Name Benjamin Glazebrook
13. Birthplace Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Anna Madden
15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Annie Glazebrook
(b) Address 4936 Thekla Ave.

17. (a) Burial (b) Date thereof 7-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd

19. (a) JUL 6 1944 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th
year 1944 hour 8 minute 55 P.M.

21. I hereby certify that I attended the deceased from 7/5/44 to 7/5/44;
that I last saw her alive on 7/3/44 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Art. chronic

Due to
Other conditions (Include pregnancy within 3 months of death) 83

Major findings:
Of operations
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 J. F. Bredenk (M. D. or other) 1/8/44
Address Memorial Park Cem. Date signed

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

Dr. J. J. Falk
1000 North 13th St
St. Louis, Mo.

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 Apprenticé No. _____, working under my personal supervision.

Signed *Albert R. Thompson*
Licensed Embalmer No. *4237*
P. O. Address *St. Louis*

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.