U. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32411

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9431

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5202 Raymond Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GLORIA M. STEIN

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased September (Month) 30 (Day) 1925 (Year)

8. AGE: Years 20 Months 11 Days 1 If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

FATHER 12. Name George Stein

13. Birthplace Duetchen (City, town, or county) Germany (State or foreign country)

MOTHER 14. Maiden name Gladys Wimber

15. Birthplace Kirksville (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Gladys Stein

(b) Address 5202 Raymond Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-2-45 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) OCT 31 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31st year 1945 hour 4:40 minute A M.

21. I hereby certify that I attended the deceased from 10/25/45, 19, to 10/31/45, 19; that I last saw her alive on 10/31/45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

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 [signature] (M. D. or other)

Address 1515 Lafayette Date signed 10/31/45

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

BR

Affidavits containing erasures will not be accepted: draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
City of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 24 11-45
Local Registrar's No. 9431

On this 19 day of August, 1954 before me appears Gladys Stein, who, upon her oath, states that the original record of death for Gloria Stein died October 31, 1945, in the State of Missouri, and which was filed at October 31 on, 1954 should be corrected as follows:

Item No. 3(a) should read Gloria M. Stein
Instead of Gloria Stein

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

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Instead of ____

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Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Gladys Stein
Relationship. mother

5638 Clemens Avenue
Present Address.

Subscribed and sworn to before me this 19th day of August, 1954

My Commission expires My Commission Expires Sept. 23, 1955 Edna A. Baxter Notary Public.

Form V. S. 135
50M—8-43
I X37817