

FILED MAY 27 1946
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Registration District No. Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
5755 Goodfellow
(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

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

(d) Street No. 5755 Goodfellow
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN GLASER

3. (b) If veteran, name war (c) Social Security No.

4. Sex MALE 5. Color or race WHT. 6. (a) Single, widowed, married, divorced, MARRIED

6. (b) Name of husband or wife CATHERINE GLASER 6. (c) Age of husband or wife if alive DECEASED years

7. Birth date of deceased SEP 19 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)

10. Usual occupation INTERIOR DECORATOR

11. Industry or business _____

12. Name GEORGE GLASER

13. Birthplace UNKNOWN 4
(City, town, or county) (State or foreign country)

14. Maiden name L.H. 4

15. Birthplace II 4
(City, town, or county) (State or foreign country)

16. (a) Informant St. Louis GLASER

(b) Address 5755 GOODFELLOW

17. (a) BURIAL (b) Date thereof 5/15/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Mark Lienan

(b) Address 60100 W. Florissant

19. (a) MAY 14 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 12 year 1946 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from JAN 15 1946 to MAY 12 1946; that I last saw him alive on MAY 11 1946; and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA Duration 3 days

Due to ① CHRONIC CANCER OF GALL BLADDER OR PANCREAS ?

Due to ② HEART FAILURE SECONDARY TO ① ?

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations NONE Of autopsy _____

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) NONE

(b) Date of occurrence NONE

(c) Where did injury occur? NONE (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? NONE (Specify type of place) (e) Means of injury NONE

23. Signature Barney W. Finkel (M. D. or other) MD
Address 6510 W. Florissant Av. Date signed May 12, 46

Finkel

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..... *Mark Liem*

Licensed Embalmer No..... *4174*

P. O. Address..... *6100 W. Flamingo*

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.