

No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

6331
State File No. _____
Registrar's No. **1276**

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:
Lutheran Hospital
(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 Missouri (b) County St. Louis **96**
(c) City or town NORMANDY
(If outside city or town limits, write "RURAL") **NR 0**
(d) Street No. 7100 N. Market
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma C. Glauert
3. (b) If veteran, name war _____ 3. (c) Social Security No. 497-01-1801

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 12 4 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 2 2 hr. _____ min.

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

10. Usual occupation Millinery Supervisor

11. Industry or business Boyd's

12. Name Henry Glauert

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

14. Maiden name Louise Warmann

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

16. (a) Informant Mrs. Catherine Johnston

(b) Address 646 N. Kirkwood Rd.

17. (a) burial (b) Date thereof 2/8/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

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

(b) Address 1905 Union Blvd.

19. (a) FEB 7 - 1947 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 6
year 1947 hour 1 minute A M.

21. I hereby certify that I attended the deceased from
11/16/42, 19____ to 2/6/47, 19____
that I last saw her alive on 2/5/47, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Pneumonia (bunch-) 3 days

Due to _____
50

Other conditions Carcinoma of Breast 4 years
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Breast PHYSICIAN

Of operations _____
Of autopsy None
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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E F Stuedel (M. D. number) M.D.
Address 3651 Euclid St. Date signed 2/7/47

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

MOTHER FATHER

1947

1947

3703 Grandel Sq.

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 Warren A. Carver
Licensed Embalmer No. 3534
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.