

S. No. 2
M-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 1947
Registration District No. 37

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22938
Registrar's No. 1335

Primary Registration District No. 6076

96
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0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
218 Emerling Dr
(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)

3. (a) PRINT FULL NAME Edward G. Glueck
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dora A. Glueck
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased March 7 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 3 11 hr. min.

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

10. Usual occupation Retired Foreman

11. Industry or business Heine Boiler Works

12. Name William Glueck

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

14. Maiden name Mary

15. Birthplace Belleville Ills
(City, town, or county) (State or foreign country)

16. (a) Informant Dora Glueck

(b) Address 218 Emerling Dr

17. (a) Burial (b) Date thereof June 21 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Calvin F Feutz

(b) Address 4828 Nat Bridge Blvd

19. (a) 3-23-47 (b) Bea...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. 218 Emerling Dr
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1947 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from 8-16-40
1940 to 6-18-47 1947
that I last saw him alive on 6-18-47 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration instant

Due to _____
Due to _____
94-2

Other conditions (Include pregnancy within 5 months of death)

Major findings:
Of operations _____
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) _____
(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 0

23. Signature E.C. Drummond (M. D. or other)
Address 1927 Date signed 6-20-47

10-18-4-20 3-5 pm '11.

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 John A. Mlinar
Licensed Embalmer No. 4186
P. O. Address St Louis Mo

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.