

FILED JAN 9 1948 **318**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

**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:  
3823 Blaine Ave.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community \_\_\_\_\_ Years \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Caroline Glutz

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Glutz 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 9 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 11 19 hr. min.

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

10. Usual occupation Inspector

11. Industry or business Howard Cleaning Co.

MOTHER FATHER  
 12. Name Robert Tritzschler  
 13. Birthplace St. Louis, Mo. Mo  
(City, town, or county) (State or foreign country)  
 14. Maiden name Caroline Hartig  
 15. Birthplace Chillicothe Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Marion Fisher  
 (b) Address 3823 Blaine Ave.

17. (a) Burial (b) Date thereof Dec. 31 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Sunset Burial Park  
C. Hoffmeister Colonial Mortuary

18. (a) Signature of funeral director [Signature]  
 (b) Address 6464 Chippewa St.

19. (a) DEC 30 1947 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3823 Blaine Ave.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 28  
 year 1947 hour 7 minute 05 P.M.

21. I hereby certify that I attended the deceased from 12-28-47 to 12-28-47, 19\_\_\_\_; that I last saw him alive on 12-28-47 3:30 PM, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 6 hrs

Due to Coronary artery disease

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) [Handwritten]

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 \_\_\_\_\_

23. Signature [Signature] (M. D. or other) M.D.  
 Address 1715 St 39th Date signed \_\_\_\_\_

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

Dr. John T. Flynn  
1715 So. 39th St.

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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 *Harry J. Schmacher*

Licensed Embalmer No. *2639*

P. O. Address *7814 S. Broadway*

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, above space should be left blank.