FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20891

FILED JUN 28 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5430

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution Missouri Baptist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Months (Specify whether, In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Indiana (b) County 999

(c) City or town St. Vincennes (If outside city or town limits, write "RURAL") 12

(d) Street No. 509 Main St. Vincennes, Ind. (If rural, give location) 0

(e) Citizen of foreign country? N.R. No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Susan Glashauser

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Francis

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

7. Birth date of deceased February (Month) 17, (Day) 1868 (Year)

8. AGE: Years 80 Months 3 Days 26 If less than one day hr. min.

9. Birthplace Chester (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Housework

11. Industry or business

FATHER

12. Name Conrad Wissel

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

MOTHER

14. Maiden name Teresa Jansen

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

16. (a) Informant Teresa Schultz

(b) Address 509 Main St. Vinsennes, Ind.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/48 (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director John H. Gebken Sons Und. Co.

(b) Address 2630 Gravois Ave.

19. (a) JUN 15 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th year 1948 hour 4 minute A M.

21. I hereby certify that I attended the deceased from 4-21-48, 19..., to 6-13, 1948 that I last saw h..... alive on 6-12, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	10 days
Due to: Arterio Sclerosis	?
Chr. myo. condition	?
Due to: Carcinoma Breast	3 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 50

Of autopsy

PHYSICIAN

Underline the cause of 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 W. R. Grimm (M. D. or other) MD

Address 2227 S. Broadway Date signed 6-14-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 J. Alen Davis

Licensed Embalmer No. 5043

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.